



Dear Parent,

The School Readiness Program of Laguna Beach Unified School District serves children from birth to five who reside and/or attend Early Childhood Education programs/Preschools within the District boundaries. The overall goal of our program is to ensure that our children are healthy and ready to learn upon entering Transitional Kindergarten or Kindergarten. Developmental delays as well as hearing, vision, nutritional and/or oral/dental issues often impact a child's learning. The earlier problems are identified and addressed the better the outcome for the individual child. The Laguna Beach Unified School District's School Readiness team includes our Early Learning Specialist, Sandee Bandettini, School Readiness Nurse, Claudette Ahern, School Psychologist, Grace Jones, Speech and Language Pathologist, Tracey Slater and Administrator, Irene White. We are able to provide various supports including administration of several screenings as well as consultation/collaboration services related to the findings. The screenings assist in the identification of any issues related to your child's growth that may require additional information and/or need for further care. In addition, to our screening, our program offers parent training opportunities as well as our Learning Link, a parent/child interactive learning opportunity offered weekly throughout the school year.

We are eager to meet you and have you participate in our services. To get started with your free developmental screening, please complete the attached paperwork and email your documents back to us at **[cahern@lbusd.org](mailto:cahern@lbusd.org)**:

- Parental Consent
- Health History

We are looking forward to partnering with you in preparing for your child for school entry. If you have any additional questions regarding the requested forms or regarding your child's development, please do not hesitate to contact our office at 949 497-7700 X 5236 or 5327. Our team is eager to work with you and your child. Participation in the screening is not a requirement for participation in our other School Readiness services, which also includes our parent education classes and our Learning Link.

Sincerely,

Claudette Ahern, RN, BSN, School Readiness Nurse  
Sandee Bandettini, MS, MFT, Early Learning Specialist

**Laguna Beach Unified School District**  
***Parental Consent for School Readiness Health & Developmental***  
***Screenings & Release of Information***

The School Readiness Program of Laguna Beach Unified School District serves children from birth to five who reside and/or attend Early Childhood Education programs/Preschools within the District boundaries. Developmental delays as well as hearing, vision, nutritional and/or oral/dental issues often impact a child's learning. The earlier problems are identified and addressed the better the outcome for the individual child. The Laguna Beach Unified School District's School Readiness Nurse and Early Learning Specialist are able to provide various supports including administration of several screenings as well as consultation/collaboration services related to the findings. The screenings assist in the identification of any issues related to your child's growth that may require additional information and/or need for further care. These are screenings only and are not intended to substitute for your child's regular check-ups with a Healthcare Provider. All screening results will be shared with you in writing..

*Your written consent is required for the screenings listed below. All screenings will take place at your child's preschool or at during our Learning Link site. Your child will be accompanied by staff familiar to him/her if the screening is completed at your child's preschool.*

**Please check "Yes" or "No" for each area below:**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hearing Screening   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vision Screening  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dental Screening  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Height, Weight, Body Mass Index   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Developmental Screening(s)  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Permission to share the screening results with my child's Preschool teacher/Preschool Director. |

**With my signature below, I give my consent for each of the screenings checked "Yes" above to be administered. I understand that I will be given written results of all the screenings.**

**Child's Name :** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you have any questions or concerns, please contact the Laguna Beach Unified School District's School Readiness Program. Claudette Ahern, RN, BSN, School Readiness Nurse at email: [cahern@lbusd.org](mailto:cahern@lbusd.org) and Sandee Bandettini, MS, MFT, Early Learning Specialist at email: [sbandettini@lbusd.org](mailto:sbandettini@lbusd.org)**

## School Readiness Program Health History Form

**Child's Name:** \_\_\_\_\_  
**Date of Birth (day/month/year):** \_\_\_\_\_  
**Gender:**  Male  Female  
**Mother's Name** \_\_\_\_\_  
**Father's Name** \_\_\_\_\_  
**Home Phone Number** \_\_\_\_\_  
**Other Children:**  
 Name \_\_\_\_\_ Age \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_

**Home**

**How many other families live in your home?** \_\_\_\_\_  
 Adults \_\_\_\_\_ Children \_\_\_\_\_

**Health Insurance**

**Do you have health insurance for your child?** Y N  
**If yes, which one:**  Medi-Cal  Kaiser Kids  
 California Kids  Private  Other

**Pediatrician's**

**Name?** \_\_\_\_\_  
**Date of your child's last physical?** \_\_\_\_\_

**Dental Insurance**

**Do you have dental insurance for your child?**  
 Yes  No

**Which one:**  Denti-Cal  Private

**Date of last dental checkup (month/day/year):** \_\_\_\_\_

**Does your child have any dental problems?**  
 Yes  No

**If yes, do they have (check one):**

Stained Teeth  Broken Teeth  Tooth

**Decay**

**Child's Health: (check all that apply)**

- Born premature (36 weeks or before)
- Asthma
- Diabetes
- Seizures/epilepsy
- Heart Problems
- Ear Infections/ Tubes
- Developmental Delays
- Hearing Problems
- Wears Glasses
- Skin problems
- Anemia
- Surgeries \_\_\_\_\_

***Allergies (If yes, please list)***

- Food \_\_\_\_\_
- Drugs \_\_\_\_\_
- Animals \_\_\_\_\_
- Other: \_\_\_\_\_

**Requires an Epinephrine Pen?**  Yes  No

**Current Medications (including asthma medications)**

Yes  No

**If yes, please list:** \_\_\_\_\_

**Are your child's immunizations current?**

Current  Not Current

**Nutrition/Exercise**

**Do you think your child is overweight/underweight?**

Yes  No

**General**

**Do you have any concerns with your child's:**

**Speech?**  Yes  No

**Hearing?**  Yes  No

**Vision?**  Yes  No

**Behavior/temper?**  Yes  No

**Mental Health?**  Yes  No

**Any other concerns?**  Yes  No

**If yes, please explain:**

\_\_\_\_\_

\_\_\_\_\_

**Family Health**

**Are both parents in good health?**  Yes  No

**If no, please explain:** \_\_\_\_\_

**Do any of your other children have health and/or learning problems?**  Yes  No

**If yes please explain:** \_\_\_\_\_

**Any recent changes in your family?**  Yes  No

**If yes, please explain:**

\_\_\_\_\_

\_\_\_\_\_

*The School Readiness Program is funded by a grant from the Children and Families Commission of Orange County.*

