



## Request for Screening - Tiger PREP

The **Dawson County Schools Tiger "PREP"**, or Preschool Readiness Education Program, is dedicated to the early identification and services of children with developmental delays. We offer free screenings for children who are suspected to be delayed in their development in the following areas: cognition, social skills, emotional behavior, adaptive skills, speech, language, gross and/or fine motor skills. If you would like your child to be screened, please complete the following information.

**Child's Name:** \_\_\_\_\_

**Child's DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parents name(s):** \_\_\_\_\_  
\_\_\_\_\_

**Address (MUST be Dawson County):** \_\_\_\_\_  
\_\_\_\_\_

**Parent(s) Phone:** \_\_\_\_\_

**Parent(s) Email:** \_\_\_\_\_

**Current Placement (please circle):**

At home                      At Daycare \_\_\_\_\_                      Private Babysitter

**Reason for Referral (please circle any concerns you have):**

Developmental              Behavior              Language              Medical \_\_\_\_\_

**Describe specific concerns:**

\_\_\_\_\_  
\_\_\_\_\_

**How long have you had these concerns:** \_\_\_\_\_

**Interventions (attempted prior to the request for screening)**

**Parent Interventions (please circle):**

Use of manipulatives	Exposure to fine motor skills	Preschool class
Private Therapy _____	Talking about behavior	Play dates
Behavior/Incentive Chart	Asking the child to repeat words	Visual Cues
Positive reinforcement	Visual Schedule	Use of timers
Modeling appropriate behavior	Time out/Punishment	Reading aloud
Modeling appropriate language	Positive reinforcement	Repeated practice

Other: \_\_\_\_\_

**Teacher Interventions, if child is at school - TO BE COMPLETED BY TEACHER:**

**Teacher Name:** \_\_\_\_\_

Use of manipulatives	Exposure to fine motor skills	Use of timers
Talking about behavior	Modeling appropriate behavior	Visual Schedule
Behavior/Incentive Chart	Asking child to repeat words	Visual Cues
Positive reinforcement	Modeling appropriate language	Repeated practice

Other: \_\_\_\_\_

**Impact of concerns on progress within classroom - TO BE COMPLETED BY TEACHER:**

\_\_\_\_\_  
\_\_\_\_\_

**Please attach the following documentation:**

- Form 3300 (with hearing and vision completed - if unable to obtain, call 706-216-5812 X 1912 to set up an appointment)
- Results of previous evaluations (private therapy, medical, etc)
- Behavioral notes from child's school (if concern is behavior)

***Your signature below acknowledges that you give permission for the Tiger PREP staff to conduct screening on your child. The screening will be scheduled after the completed packet is submitted to Tiger PREP.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date