



# Prekindergarten Screening Tool

Thank you for completing this **confidential** screener. Saskatchewan's Prekindergarten programs admit children based on eligibility criteria. It is important to share as much information about your child's growth and development as possible.

**Submitting this screening tool does not guarantee your child's enrollment in the program.**

You will be contacted by the school division if your child qualifies.

Child Information		
Last Name:	First Name:	
Child's Date of Birth (DD/MM/YYYY):	Current Age:	
Address: (House number, Street, City/Land Location, and Postal Code)		Postal Box number:
Neighbourhood School Name:		
Family Information		
Child lives with: _____		
Relationship to Child: _____		
Contact Information		
Home #:		
Cell #:		
Work #:		
Email:		
What is the best method to contact you?		
<input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> Other _____		
Whom should we contact if there is no answer at home?		
Emergency Contact #1:	Phone Number:	
Relationship to the Child:		
Emergency Contact #2:	Phone Number:	
Relationship to the Child:		
Significant Others: Living in the Same House (brothers, sisters, aunt, uncle, etc.)		
NAME	AGE	RELATIONSHIP

Has any other child(ren) in the family attended Prekindergarten?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you require interpretive services?			
<input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes, language of choice: _____			
<b>Criteria for Admission to Prekindergarten</b>			
Prekindergarten spaces are filled throughout the year as they become available. The screening tool is reviewed by a selection committee and children will be accepted based on the following criteria.			
	Yes	No	Unknown
Is your child experiencing speech or language difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Is your child experiencing challenges with social, emotional development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Does your child have little or no opportunity for contact with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child learning English as an additional language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Is your child currently living with only one parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the child's family members absent from the home for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child live with a teen parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does either of your child's parents have less than a high school education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any impact in the family from a traumatic experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the family experiencing financial need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the family experiencing a health care crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there limited extended family support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child attend or receive support from?

- |  |   |
|--|---|
| <input type="checkbox"/> KidsFirst                                   | <input type="checkbox"/> Social Services                      |
| <input type="checkbox"/> Licensed Child Care                         | <input type="checkbox"/> Speech and Language Pathologist      |
| <input type="checkbox"/> Early Childhood Intervention Program (ECIP) | <input type="checkbox"/> Occupational Therapist               |
| <input type="checkbox"/> Preschool/Playschool                        | <input type="checkbox"/> Early Childhood Psychologist         |
| <input type="checkbox"/> Aboriginal Head Start                       | <input type="checkbox"/> Autism Consultant or Resource Centre |
| <input type="checkbox"/> Other (please list): _____                  |   |

How will you be able to transport your child to and from Prekindergarten?

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Do you have any additional concerns or information regarding your child that we need to be aware of?  
Please specify:

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**\* Please submit this completed form to the local school.**

**\*\* NOTE:** The completion of this application form does not mean that your child has officially been accepted to the Pre-Kindergarten program. You will be contacted directly by the school's pre-kindergarten teacher when the intake committee has completed the intake process.

You will be contacted regardless if your child has been accepted, not accepted, or placed on the waiting list.

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

\_\_\_\_\_  
Date of completion