

**Preschool for All; Eligibility Criteria Checklist:** Child's name \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Race/ethnicity \_\_\_\_\_

<p><b>The following will be worth 10 points each: Economic status:</b></p> <p>Homeless (automatic eligibility) _____</p> <p>Public aid _____</p> <p>Unemployed _____</p> <p>Free and reduced lunch/Meets Fed. Poverty level _____</p> <p>Income less than 4x poverty, _____</p> <p>Annual income \$ _____</p> <p>Household size _____</p> <p><b>Income verified</b> YES _____ date NO _____</p> <p style="text-align: right;">Total _____</p>	<p>Total # of points _____</p> <p><b>Meets eligibility requirements</b> _____</p> <p><b>Does not meet requirements</b> _____</p> <p>Prior preschool history _____</p> <p>_____</p> <p>Parent/Guardian states: _____</p>
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<p><b>The following will be worth 5 points each:</b></p> <p><b>Potential delays ESI-R (30)</b></p> <table><tr><td></td><td><b>RESCREEN</b></td><td></td></tr><tr><td>Fine motor</td><td>_____</td><td>_____</td></tr><tr><td>Gross motor</td><td>_____</td><td>_____</td></tr><tr><td>Concepts</td><td>_____</td><td>_____</td></tr><tr><td>Visual motor integration</td><td>_____</td><td>_____</td></tr><tr><td>Speech/language</td><td>_____</td><td>_____</td></tr><tr><td>Social-emotional</td><td>_____</td><td>_____</td></tr></table> <p>English is not home language _____</p> <p><b>Age</b> of parent at birth of child _____</p> <p>Turns 5 after September 1st _____</p> <p>DCFS supervision/involvement _____</p> <p>Abuse/neglect _____</p> <p><b>Refer to Health Form</b></p> <table><tr><td></td><td><b>CODES</b></td><td><b>POINTS</b></td></tr><tr><td>Birth/Prenatal Factors* (pos. 50)</td><td>_____</td><td>_____</td></tr><tr><td>Health issues* (pos. 20)</td><td>_____</td><td>_____</td></tr><tr><td></td><td><b>Total</b></td><td>_____</td></tr></table>		<b>RESCREEN</b>		Fine motor	_____	_____	Gross motor	_____	_____	Concepts	_____	_____	Visual motor integration	_____	_____	Speech/language	_____	_____	Social-emotional	_____	_____		<b>CODES</b>	<b>POINTS</b>	Birth/Prenatal Factors* (pos. 50)	_____	_____	Health issues* (pos. 20)	_____	_____		<b>Total</b>	_____	<p>How did parent access program: <b>Please check &amp; give detail</b></p> <p>agency referral _____</p> <p>pediatrician _____</p> <p>another school _____</p> <p>flyer _____</p> <p>other _____</p> <p><b>Please give details of items indicated</b></p> <p>_____</p> <p>_____</p> <p><b>COMMENTS:</b></p> <p>_____</p> <p>_____</p>
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<p><b>The following will be worth 4 points: (Safety Needs; Parenting Home Environment)</b></p> <p>Adoption/foster care/guardianship _____</p> <p>Multiple people in household _____</p> <p>Consistency of care _____</p> <p>Mental disability/chronic illness of parent _____</p> <p>Parent in military _____</p> <p>Single parent _____</p> <p>Living in multiple households _____</p> <p>Parent; Incarcerated, abused/domestic violence, drugs, alcohol _____</p> <p style="text-align: right;">Total points _____</p>	<p><b>COMMENTS:</b></p> <p>_____</p> <p><b>Parent/Guardian states:</b></p> <p>_____</p>
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<p><b>The following will be worth 3 points:</b></p> <p>Multiple siblings (4 or more) _____</p> <p>Socially isolated _____</p> <p>Referral from another agency _____</p> <p>Sibling/family member has delays _____</p> <p>Family lives with child's grandparent, relative or friends _____</p> <p>Parent did not complete high school _____</p> <p>Multiple births # _____ child or in house (circle) _____</p> <p style="text-align: right;">Total points _____</p>	<p><b>Behavior concerns screener observations; 1 point for each item</b></p> <p><b>CIRCLE all that apply.</b></p> <table><tr><td>Unable to separate</td><td>Impulsive</td></tr><tr><td>Unsteady or awkward</td><td>Lethargic</td></tr><tr><td>Crying or whimpering</td><td>Resistive</td></tr><tr><td>Unusually quiet or withdrawn</td><td>Disruptive</td></tr><tr><td>Distracted</td><td>Fidgety or restless</td></tr></table> <p style="text-align: right;">Total points _____</p>	Unable to separate	Impulsive	Unsteady or awkward	Lethargic	Crying or whimpering	Resistive	Unusually quiet or withdrawn	Disruptive	Distracted	Fidgety or restless
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