

APS Pre-Kindergarten Intake

Child's Name: _____

Parent/Guardian's Name: _____

Email: _____
(We will be emailing you with upcoming screening information)

Please circle yes or no for each question:

Has your child had any prior services? (Early Intervention) **Yes or No**

Currently receiving any services? (Speech, OT, PT) **Yes or No**

Any specific developmental concerns (Speech, language, motor) **Yes or No**

Is there more than one language spoken in the home? (Spanish, Portuguese) **Yes or No**

Are you interested in being a peer partner/community slot participant? **Yes or No**