



**Seward Public Schools
Special Education Services**

Early Childhood Observation Request Form

Dear Parent/Guardians,

Seward Public Schools, Seward area Preschools and Daycares, and Head Start work together with families to provide services for children who may have special needs.

At this time, your child's preschool instructor, daycare provider, or Head Start program would like a Seward Public Schools Early Childhood staff member to observe your child due to a concern for a potential developmental delay.

Please complete the form below if you would like to allow this observation to occur.

If you choose not to have an observation occur, we would still like to have you fill out the form and check line 8.

1. Name of Child _____ Birthdate _____

2. Parent(s)/Guardian(s) Name _____

3. Address _____

4. Phone Number _____

5. Name of child's medical doctor _____

6. Area(s) of Concern: Fine Motor _____ Gross Motor _____ Problem Solving _____

Speech/Communication _____ Social Emotional _____

Does your child have a previously diagnosed disability? Yes _____ No _____

If yes, what was the diagnosis? _____

Date of diagnosis _____ Who diagnosed _____

7. I **do** wish to have my child observed by Seward Schools staff _____

8. I **do not** wish to have my child observed by Seward Schools staff (sign) _____

9. My child's observed information may be shared with his childcare/preschool staff _____

Parent/Guardian Signature _____ Date _____

Program Staff Signature _____ Date _____

