NEW STUDENT REGISTRATION

Welcome to the Kingston City School District
New students are registered by appointment at the Administrative Building located at 21 Wynkoop Place, Kingston, New York, 12401. The Registrar’s office is open from 8:30 a.m. to 3:30 p.m. during the school year and from 8:30 a.m. to 2:30 p.m. throughout the summer. Parents should obtain and complete a registration packet prior to scheduling an appointment. Packets are available at the Registrar’s office, at each of our school buildings and on the school website kingstoncityschools.org. To schedule an appointment, please call 845-943-3011.

PLEASE NOTE

1. The parent/legal guardian must be present at the time of registration and first visit to school.

2. Once all paperwork is complete and the Registration process is finalized, the Registrar will forward the information to the attending school(s). The school(s) will contact you directly your child’s start date.

Required Forms to Complete for Registration:

1. Student Registration Form
2. Request for Records Form – not applicable for kindergarten
3. Health Inventory Form
4. Immunization Form
5. Home Language Questionnaire Form

Questions or to schedule an appointment: Please call (845) 943-3011.
INFORMATION ABOUT SPECIAL EDUCATION UPON ENTRY TO SCHOOL
Chapter 434 of the Laws of 2014

Statute: Section 4402
Effective Date: July 1, 2015
Summary:

This amendment requires school districts to notify every parent or person in parental relation of their rights regarding the referral and evaluation of their child for the purposes of special education services or programs. This notification shall be provided to the parents of all students in the district (with and without disabilities) upon their child's entry into public school. Districts may provide this information to parents by directing them to A Parent's Guide to Special Education on the New York State Education Department's (NYSED's) web site, provided that the district includes the name and contact information of the district's Committee on Special Education chairperson or other appropriate special education administrator. NYSED's A Parent's Guide to Special Education is available in both English and Spanish.

Statute: Chapter 434 of the Laws of 2014

Section 1. Section 4402 of the education law is amended by adding a new subdivision 8 to read as follows:

8. Upon their child's enrollment or attendance in a public school, such school shall notify every parent or person in parental relation of their rights regarding referral and evaluation of their child for the purposes of special education services or programs pursuant to applicable federal and state laws. Such notification may be provided by directing parents or persons in parental relation to obtain information located on the department's website relating to a parent's guide to special education in New York state for children ages three through twenty-one provided the notification shall also contain the name and contact information for the chairperson of the school district's committee on special education or other individual who is charged with processing referrals to the committee in the district.

Beth Lewis-Jackson - 845-943-3061
Director of Special Education Services
Kingston City School District
blewis@kingstoncityschools.org
CHECKLIST FOR KINDERGARTEN REGISTRATION
The following documents are required for enrolling into the Kingston City School District

- Birth Certificate, Passport, or Baptismal Certificate
- Immunization Record
  Prepared by a physician or authorized person who administers the immunizing agent and shall specify the vaccines given and the dates of administration, proof of past immunizations or proof of pending appointment with physician/medical practice.
- Custody/Guardian papers: Necessary if the child does not live with both biological parents
- Parent or Guardian photo identification: Driver’s License, passport, state id.
- District Residency
  One of the following residency proofs must be provided:
  
  A. Owns home, or
     1. Most recent utility bill/tax or mortgage statement – must have name and property/residence address
  
  B. Rents home, or
     1. Lease agreement, must have name property/residence address
     2. Parent’s name must appear on lease
     3. Most recent utility bill – one only (electric, phone, water bill) must have name and property/residence address
  
  C. Affidavit of Property Owner/Landlord Form – Must be Notarized
     1. To be completed by the landlord/property owner, in instances where there is no lease
     2. If you are living with a relative, that person must complete the form and also provide you with a bill (electric, phone, water) showing their name and property/residence address

** The following will not be accepted as proof of residency: Driver’s License, Checkbook, Rent Receipt, Car Insurance Cards, and Bank Statements.

**CLASSIFIED – YES or NO
KINGSTON CITY SCHOOL DISTRICT PUPIL REGISTRATION FORM

DATE __________________________ GRADE __________

Student Name _________________________________________ Gender ______ Hispanic? □Yes □No

(Last)                            (First)                          (Middle)

Race (choose all that apply): □ Asian □ Black □ Native American/Native Alaskan □ Pacific Islander □ White

Date of Birth __________ Place of Birth (city, state) ___________________________ Country (if not US) ____________

Pre K Experience □ Yes □ No

Has pupil ever attended school in this district: Yes _____ No _____

If yes, which school __________________ Grade(s) ________

Name of last school attended ___________________________ Grades attended in previous school ____________

Address of school last attended _____________________________________________________________________

Phone/Fax (circle one) (if known) ____________________________ If high school: date entered 9th grade ______

For Immigrant Students and ESL (English as a second language) students ONLY

ESL? □ Yes □ No

Date of US Entry: ___________________________ Date First Entered School in US ________________________________

These questions address the McKinney-Vento Act 42 U.S.C. 11435. This information helps determine eligibility for services:

1. Is your current address a temporary living arrangement? □ Yes □ No If “No” stop here. If “Yes” please continue:

2. Is your temporary living arrangement due to loss of housing or economic hardship? □ Yes □ No

Where is the student presently living?

□ In a motel □ In a shelter □ With more than one family in a house or apartment □ Moving from place to place

□ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite.

PARENTS/GUARDIANS WITH WHOM CHILD(REN) RESIDE(S)

Home Phone ___________________________ Unlisted? □ Yes □ No Contact Priority _____

Address________________________________ City_______________ State________ Zip________

Mailing Address, if different____________________________________________________________

Dominant Home Language____________________ ESL □ YES □ NO

Resident Type: □ Lease □ Own □ Rent □ Trailer Park/Condo Unit □ Unknown

Proof of Residency: □ Mortgage Statement □ Property Tax Bill □ Real Estate Statement □ Utility Bill

□ Lease □ Landlord Verification Form □ Other ________________________________________________
INFORMATION TO BE COMPLETED FOR PARENTS/GUARDIANS WHO LIVE IN THE SAME HOUSEHOLD AS THE CHILD(REN):

Parent/Guardian Name ________________________________________________________________

(Last)                                                    (First)                                    (Middle)

Relationship__________________________________ Legal custody? □YES □NO

Cell Phone____________________________________ Contact Priority ____

Work Phone___________________________________ Contact Priority ____

Email Address___________________________________________________

Employer’s Name ________________________________________________

Employer’s Address _______________________________________________ (City)                                      (State/Zip)

Currently Serving Active Military Duty □YES □ NO  If yes, date enlisted:__________ Date Exited:_____________

INFORMATION TO BE COMPLETED FOR A PARENT/GUARDIAN WHO DOES NOT LIVE IN THE SAME HOUSEHOLD AS THE CHILD(REN):

Name ________________________________________________________________________________

(Last)                                                            (First)                                                  (Middle)

Relationship_____________________________________________________

Address ________________________________________________________

Address____________________________________________________ Correspondence □ Yes □ No

(City)                                      (State/Zip)

Home Phone____________________________________ Contact Priority ____

Cell Phone____________________________________ Contact Priority ____

Work Phone___________________________________ Contact Priority ____

Email Address___________________________________________________

Currently Serving Active Military Duty □YES □ NO  If yes, date enlisted:__________ Date Exited:_____________
EMERGENCY CONTACT INFORMATION—OTHER THAN PARENT/GUARDIAN:

Name_____________________________________________________ Gender _____
   (Last)                                  (First)                                     (Middle)

Resides in Same Household ☐ Yes ☐ No

If different household:

Address____________________________________ City________________ State________ Zip________

Home Phone ___________________________________ Cell Phone________________________________

Work Phone ___________________________________

Relationship to Student__________________________

Name_____________________________________________________ Gender _____
   (Last)                                  (First)                                     (Middle)

Resides in Same Household ☐ Yes ☐ No

If different household:

Address____________________________________ City________________ State________ Zip________

Home Phone ___________________________________ Cell Phone________________________________

Work Phone ___________________________________

Relationship to Student__________________________

OTHER CHILDREN WHO RESIDE IN HOUSEHOLD

Children not yet enrolled in school:

Name ___________________________________________________________________   DOB________

Name ___________________________________________________________________   DOB________

Name ___________________________________________________________________   DOB________

Children enrolled in school:

Name _______________________________________   DOB_______ SCHOOL _______________________

Name _______________________________________   DOB_______ SCHOOL _______________________

Name _______________________________________   DOB_______ SCHOOL _______________________

Guardian Warnings? ☐ No ☐ Yes Explain _________________________________________________

Custody Papers? ☐ No ☐ Yes Explain _________________________________________________

Information collected by (name of registrar): ________________________________________________
Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

**Student Name:**

**First**  **Middle**  **Last**

**Date of Birth:**  
Month  Day  Year

**Gender:**

☑ Male  ☐ Female

**Parent/Person in Parental Relation Info:**

Last Name  First Name  Relation to Student

---

**Language Background**

*Please check all that apply.*

1. What language(s) is(are) spoken in the student’s home or residence?  
☐ English  ☐ Other —————— specify 

2. What was the first language your child learned?  
☐ English  ☐ Other —————— specify

3. What is the Home Language of each parent/guardian?  
☐ Mother —————— specify  ☐ Father —————— specify  ☐ Guardian(s) —————— specify

4. What language(s) does your child understand?  
☐ English  ☐ Other —————— specify

5. What language(s) does your child speak?  
☐ English  ☐ Other —————— specify  ☐ Does not speak

6. What language(s) does your child read?  
☐ English  ☐ Other —————— specify  ☐ Does not read

7. What language(s) does your child write?  
☐ English  ☐ Other —————— specify  ☐ Does not write

---

**This Section to be Completed by District in Which Student is Registered:**

**School District Information:**

District Name (Number) & School  
Address

**Student ID Number in NYS Student Information System:**

---

ENGLISH
Home Language Questionnaire (HLQ)—Page Two

**Educational History**

8. Indicate the total number of years that your child has been enrolled in school _____________

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

   - Yes*  
   - No  
   - Not sure  
   - *If yes, please explain: ________________________________

   How severe do you think these difficulties are?  
   - Minor  
   - Somewhat severe  
   - Very severe  

10a. Has your child ever been referred for a special education evaluation in the past?  
   - No  
   - Yes*  
   "*Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?  
   - No  
   - Yes  

   Age at which services received (Please check all that apply):  
   - Birth to 3 years (Early Intervention)  
   - 3 to 5 years (Special Education)  
   - 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?  
   - No  
   - Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)  

12. In what language(s) would you like to receive information from the school? ________________________________

---

Signature of Parent or of Person in Parental Relation: ________________________________  
Month: Day: Year: ________________________________

Relationship to student:  
- Mother  
- Father  
- Other: ________________________________

---

**OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>POSITION:</th>
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</thead>
</table>

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

**NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>POSITION:</th>
</tr>
</thead>
</table>

ORAL INTERVIEW NECESSARY:  
- No  
- Yes

**DATE OF INDIVIDUAL INTERVIEW:**  
MO  DAY  YR.

**OUTCOME OF INDIVIDUAL INTERVIEW:**  
- ADMINISTER NYSITELL  
- ENGLISH PROFICIENT  
- REFER TO LANGUAGE PROFICIENCY TEAM

**NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>POSITION:</th>
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</thead>
</table>

**DATE OF NYSITELL ADMINISTRATION:**  
MO  DAY  YR.

**PROFICIENCY LEVEL ACHIEVED ON NYSITELL:**  
- ENTERING  
- EMERGING  
- TRANSITIONING  
- EXPANDING  
- COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:
### Student Health History

**Name:**

**DOB:**

**Age:**

**Grade:**

**Gender:**

- ☐ M
- ☐ F

**Parent/Guardian:**

(person completing this form)

**Home Phone:**

**Cell Phone:**

**Date:**

---

### Has your child ever:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>If Yes, please explain and include date:</th>
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<tbody>
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</tbody>
</table>

### Check all that apply to your child:

- ☐ ADHD
- ☐ Asthma/trouble breathing
- ☐ Autism/Asperger
- ☐ Dental Injuries
- ☐ Diabetes
- ☐ Ear Infections
- ☐ GI Conditions (ulcer, reflux, IBS)
- ☐ Headaches/migraines
- ☐ Heart Conditions
- ☐ High Blood Pressure
- ☐ Mental Health Condition
- ☐ Mental Health Condition (depression, eating disorder, anxiety, OCD, ODD, etc.)
- ☐ Scoliosis
- ☐ Single Organ (kidney, testicle)
- ☐ Skin Condition
- ☐ Speech Condition
- ☐ Urinary Condition

### Current Medications

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Please list name, dose, time(s)</th>
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<tbody>
<tr>
<td>☐</td>
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</tbody>
</table>

### Assistive Equipment

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Please check all that apply</th>
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<tbody>
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</tbody>
</table>

### Treatments

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Please list</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>insulin/blood glucose monitoring</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>inhaler/nebulizer/peak flow monitoring</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>special diet</td>
</tr>
</tbody>
</table>

Is there any condition that would prevent your child from participating in physical education or sports?

- ☐ No
- ☐ Yes: ____________________________

Please list any additional concerns: (use back of sheet if necessary) _____________________________________________________________

___________________________________________________________

___________________________________________________________


**Parent/Guardian Signature:** ___________________________  **Date:** ___________________________
AFFIDAVIT OF PROPERTY OWNER/LANDLORD
IN SUPPORT OF RESIDENCY IN THE KINGSTON CITY SCHOOL DISTRICT

I, _______________________________________ a property owner or manager/agent of the dwelling located at
(Name of Property Owner/Landlord or Property Manager)

______________________________________________   ______________________________________
(Street Address/Apt #)         (City, State, Zip)

Hereby certify that I am renting space in this dwelling on a _____________ basis beginning on _______________
(Weekly/monthly/yearly)                                        (Date)

The following persons are identified as tenants having the right to be occupants in the dwelling:

• Parent/Guardian:_____________________________________________

• Parent/Guardian:_____________________________________________

Student Name: ___________________________________________ Grade: ______

Student Name: ___________________________________________ Grade: ______

Student Name: ___________________________________________ Grade: ______

Student Name: ___________________________________________ Grade: ______

Student Name: ___________________________________________ Grade: ______

The payment of Electric Utility Bill is included in rent:  Yes: ______ No: ______

I certify that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury, knowing that the Kingston City School District will rely upon them in determining whether the above-named child(ren) reside in the school district.

_________________________________                        Sworn to before me on this
(Signature of Property Owner/Landlord or Property Manager)

____________________ Day of___________________, 20______

_________________________________                         ______________________________________
(Print Name)                                                                                                                      (Notary Public)

State of:
The Kingston City School District Mission: We Inspire. We Educate. We Graduate. All Students, All of the Time.
Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box [✓] that best describes your child's behavior. Also, check the circle [✓] in the last column if the behavior is a concern.

**Important Points to Remember:**
- Answer questions based on what you know about your child's behavior.
- Answer questions based on your child's usual behavior, not behavior when your child is sick, very tired, or hungry.
- Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:SE-2.

<table>
<thead>
<tr>
<th>Question</th>
<th>Often or Always</th>
<th>Sometimes</th>
<th>Rarely or Never</th>
<th>Check if This is a Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your child look at you when you talk to them?</td>
<td>☐ z</td>
<td>☐ v</td>
<td>☐ x</td>
<td>☐ v</td>
</tr>
<tr>
<td>2. Does your child cling to you more than you expect?</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
<td>☐ v</td>
</tr>
<tr>
<td>3. Does your child like to be hugged or cuddled?</td>
<td>☐ z</td>
<td>☐ v</td>
<td>☐ x</td>
<td>☐ v</td>
</tr>
<tr>
<td>4. Does your child talk or play with adults they know well?</td>
<td>☐ z</td>
<td>☐ v</td>
<td>☐ x</td>
<td>☐ v</td>
</tr>
<tr>
<td>5. When upset, can your child calm down within 15 minutes?</td>
<td>☐ z</td>
<td>☐ v</td>
<td>☐ x</td>
<td>☐ v</td>
</tr>
<tr>
<td>6. Does your child seem too friendly with strangers?</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
<td>☐ v</td>
</tr>
<tr>
<td>7. Does your child settle himself/herself down after exciting activities?</td>
<td>☐ z</td>
<td>☐ v</td>
<td>☐ x</td>
<td>☐ v</td>
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<tr>
<td>8. Does your child seem happy?</td>
<td>☐ z</td>
<td>☐ v</td>
<td>☐ x</td>
<td>☐ v</td>
</tr>
<tr>
<td>Question</td>
<td>Often Always</td>
<td>Sometimes</td>
<td>Rarely or Never</td>
<td>Check if This Is a Concern</td>
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<tr>
<td>9. Does your child cry, scream, or have tantrums for long periods of time?</td>
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<td>☑</td>
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<tr>
<td>10. Is your child interested in things around them, such as people, toys, and foods?</td>
<td>☑</td>
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<tr>
<td>11. Does your child go to the bathroom by himself/herself? (Reminders and help with wiping are okay.)</td>
<td>☑</td>
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<tr>
<td>12. Does your child have eating problems? For example, do they stuff food, vomit, eat things that are not food, or _______? (Please describe.)</td>
<td>☑</td>
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<td>☑</td>
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<tr>
<td>13. Does your child stay with activities they enjoy for at least 15 minutes (other than watching shows or videos, or playing with electronics)?</td>
<td>☑</td>
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<tr>
<td>14. Do you and your child enjoy mealtimes together?</td>
<td>☑</td>
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<tr>
<td>15. Does your child do what you ask them to do? For example, do they wash their hands or wait to take a turn when asked?</td>
<td>☑</td>
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<tr>
<td>16. Does your child seem more active than other children their age?</td>
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<tr>
<td>17. Does your child sleep at least 8 hours in a 24-hour period?</td>
<td>☑</td>
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<td>☑</td>
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<tr>
<td>18. Does your child use words to tell you what they want or need?</td>
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</tbody>
</table>

**TOTAL POINTS ON PAGE**
<table>
<thead>
<tr>
<th>Question</th>
<th>Often/Always</th>
<th>Sometimes</th>
<th>Rarely/Never</th>
<th>Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child use words to describe his/her feelings and the feelings of others? For example, do they say, “I'm happy,” “I don't like that,” or “She's sad?”</td>
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<td>☐️</td>
<td>☑️</td>
<td>☐️</td>
</tr>
<tr>
<td>Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?</td>
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<td>☐️</td>
<td>☑️</td>
<td>☐️</td>
</tr>
<tr>
<td>Does your child explore new places, such as a park or a friend's home?</td>
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<td>☐️</td>
<td>☑️</td>
<td>☐️</td>
</tr>
<tr>
<td>Does your child do things over and over and get upset when you try to stop them? For example, do they rock, flap hands, spin, or _______? (Please describe.)</td>
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<td>☐️</td>
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<td>☐️</td>
</tr>
<tr>
<td>Does your child hurt himself/herself on purpose?</td>
<td>☑️</td>
<td>☐️</td>
<td>☑️</td>
<td>☐️</td>
</tr>
<tr>
<td>Does your child follow rules at home or at child care?</td>
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<td>☐️</td>
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<td>☐️</td>
</tr>
<tr>
<td>Does your child destroy or damage things on purpose?</td>
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<td>☐️</td>
</tr>
<tr>
<td>Does your child stay away from dangerous things, such as fire and moving cars?</td>
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<tr>
<td>Does your child show concern for other people's feelings? For example, do they look sad when someone is hurt?</td>
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<tr>
<td>Do other children like to play with your child?</td>
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</tbody>
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TOTAL POINTS ON PAGE ______
**60 Month Questionnaire**

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**Month Questionnaire**

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<table>
<thead>
<tr>
<th>Question</th>
<th>Often or Always</th>
<th>Sometimes</th>
<th>Rarely or Never</th>
<th>Check If This Is a Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. Does your child like to play with other children?</td>
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<tr>
<td>30. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?</td>
<td>x</td>
<td>v</td>
<td>v</td>
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<tr>
<td>31. Does your child take turns and share when playing with other children?</td>
<td>o</td>
<td>v</td>
<td>v</td>
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<tr>
<td>32. Does your child wake three or more times during the night?</td>
<td>x</td>
<td>v</td>
<td>v</td>
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<td>33. Is your child too worried or fearful? If “sometimes” or “often or always,” please describe:</td>
<td>x</td>
<td>v</td>
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<td>34. Does your child have simple back-and-forth conversations with you? For example:</td>
<td>o</td>
<td>v</td>
<td>v</td>
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<tr>
<td>Parent: “It’s raining!”</td>
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<tr>
<td>Child: “And cold outside.”</td>
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<tr>
<td>Parent: “Let’s get your coat.”</td>
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<td>Child: “I got it!”</td>
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<td>35. Has anyone shared concerns about your child’s behaviors? If “sometimes” or “often or always,” please explain:</td>
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</table>

**TOTAL POINTS ON PAGE**  

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OVERALL Use the space below for additional comments.

36. Do you have concerns about your child’s eating, sleeping, or toileting habits?  
If yes, please explain:  

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

37. Does anything about your child worry you? If yes, please explain:  

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

38. What do you enjoy about your child?  

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________