

COVENANT CHRISTIAN SCHOOL

SCREENING FORM

Teacher Conducting Screening _____

Student _____ Screening Date/Time _____

Date of Birth _____ Home Phone _____

Current Grade _____ Grade Level for Fall _____ Expected Enrollment Date _____

Parents' Names _____ Best Contact Phone # _____

Address _____

Previous School _____
(Your child's previous school may be contacted to confirm academic & conduct records.)

Does your child have special needs? _____

Has your child ever received psychological testing by a certified psychometrist? ____ Yes ____ No
If so, please submit a copy of the test results at the time of screening.

How did you hear about Covenant Christian School _____

↓ FOR OFFICE USE ONLY * * * * * ↓ * * * * * FOR OFFICE USE ONLY ↓

\$20.00 screening fee per student for K5
\$30.00 screening fee per student for 1st-8th grades.
Check _____ Cash _____ Date _____

Early Childhood Assessment
Maturity _____ Readiness _____ Speech _____
Motor Skills _____ General _____ Other _____

Elementary and Middle School Assessment
Reading Comprehension _____ Math _____ Spelling _____
Language _____ Oral Reading _____

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Recommendations by screener:

Decision by KC:

Follow-up made by KC or Screener

Screener's Initials _____ Date _____ Principal's Initials _____ Date _____