

READINESS TO LEARN
CURRENT YEAR UPDATE FORM FOR RETURNING CHILDREN

Child ID: _____
Family ID: _____
Local ID: _____

Date of Referral Update (mm/dd/yyyy): ___/___/_____

Name: _____ Date of Birth: (mm/dd/yyyy) ___/___/_____ Gender: M__ F__

District: _____

School: _____ **OR:** Alternative Placement Home School Preschool
 Dropped Out Not Enrolled Private School

School Year: _____ Grade: _____ **OR** Under Age 5 **OR** N/A

Number Living in Household: _____

Living Situation: (check one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Partnered Adults |
| <input type="checkbox"/> Parent and Stepparent | <input type="checkbox"/> Alone or with Friends | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Other Out of Home Placement | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Relative(s) | | _____ |

Participating in Special Program: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> English Language Learner (ELL) | <input type="checkbox"/> Local Program | <input type="checkbox"/> Head Start/Early Head Start |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> McKinney- Vento | <input type="checkbox"/> Free/Reduced Lunch |
| <input type="checkbox"/> Title I or Learning Assistance Program (LAP) | <input type="checkbox"/> Gifted | <input type="checkbox"/> Migrant |
| | <input type="checkbox"/> 504 | <input type="checkbox"/> Other (Specify): _____ |