

**Non Public Targeted Assistance Schools  
2006-07 Title I Assessment Form (Kindergarten)**

School \_\_\_\_\_ Teacher \_\_\_\_\_

**All criteria will be taken into account in determining the students with the greatest needs.**

Students				Homeless  <b>Yes/No</b> If yes, stop here	Previous Head Start/Even Start Participant  <b>Yes/No</b> If yes, stop here	2004-05 or 2005-06 <b>Early Childhood Developmental Screening Instrument</b>  <b>Yes/No</b> If yes, go to Teacher judgment and Parent interview	AND		Teacher Judgment confirms findings from Early Childhood Screening  <b>Yes/No</b>	Parent supports selecting the child for service by Title I  <b>Yes/No</b> If Yes, Date of Meeting/ Phone Call
							Reading Readiness	Math Readiness		
	CIF#	Last Name	First Name							
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

Make additional copies of this page as needed.

Classroom Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_