



親愛的家長/監護人：

感謝您與三藩市聯合校區 (SFUSD) 兒童早期特殊教育 (ECSE) 幼稚園入學前接收單位 (PIU) 聯絡。此信函針對您所提出就您子女的兒童早期特殊教育 (ECSE) 進行評估的請求作出回應。

為了更有效地幫助我們進行評估，請為三藩市聯合校區提供以下文件：

- 填妥的家長/監護人問卷 (附件)。
- 孩子如若曾經就讀幼兒班或育兒中心，請提供填妥的教師意見表 (附件)。
- 孩子如在12個月以內曾接受測試，請提供聽覺及視覺篩檢結果。
- 請提供任何孩子曾經接受過的評估的副本。
- 一 (1) 份居住證明原件 (如 PG & E 賬單、水費賬單或 cable 賬單)。
- 孩子的出生日期證明 (如出生證明、醫院紀錄)。如果文件沒有家長/監護人的名字，則需要額外提供監護權證明。
- 家長/監護人有照片的身份證。

幼稚園入學前接收單位 (PIU) 必須在接受文件的十五(15)日曆天內，以為孩子制定的評估計劃書 (AP) 、或事先書面通知 (PWN)——一封解析為何將不會對孩子進行評估的信作回覆。請注意，暑假或超過五(5)天的學校假期 (如寒假) 並不受制於此限期。

本資料包內包括了一份問卷調查，問卷調查有助於 SFUSD 評估員瞭解您子女的情況，以便切實嘗試消除您的擔憂，以及確定評估需求。

請完整填寫所有表格並且寄往以下地址：

SFUSD: Special Education Services
Prek Assessment Unit
1520 Oakdale Ave. Ground Floor
San Francisco, CA 94124

或電郵至：ECreferrals@sfusd.edu
或傳真至：(415) 920-5075
Attn: SPED- PreK Assessment Unit

為了方便您起見，我們還在資料包內放置了一系列關於評估過程的常見問題〔與解答〕(FAQ)。如果您就這些表格有任何問題，或是您需要有人協助填寫，請致電 (415) 401-2525 分機號 1101 聯絡我們的辦公室。



Dear Parent/Guardian:

Thank you for contacting the San Francisco Unified School District (SFUSD), Early Childhood Special Education (ECSE) Preschool Intake Unit (PIU). This letter has been sent in response to your request for an ECSE assessment of your child.

In order to conduct our assessment, SFUSD requires you provide the following items:

- Completed Parent/Caregiver Questionnaire (attached).
- Completed Teacher Input Form (attached) **if** your child attends preschool or a childcare facility.
- Written verification of hearing and vision screening results (must be completed within the last 12 months).
- Copies of any previously completed assessments of your child.
- One (1) original proofs of residency (example: PG&E bill, water bill, or cable bill).
- Verification of child's birth date (ex. Birth Certificate, Hospital Record) If the document does not contain the Parent/Guardian name, additional guardianship verification is required.
- Parent/Guardian picture ID

Upon receiving these items the PIU must reply within fifteen (15) calendar days with a written Assessment Plan (AP) for your child, or Prior Written Notice (PWN) letter explaining why an assessment will not be conducted. Please note that this timeline does not apply during summer recess, or school holidays exceeding five (5) days (e.g. winter break).

The questionnaire included in this packet and requested documents will help the SFUSD assessors get to know your child, accurately address your concerns, and determine any assessment needs.

Please complete in full and mail all documents to:

SFUSD: Special Education Services
PreK Assessment Unit
1520 Oakdale Ave. Ground Floor
San Francisco, CA 94124

Or Email to: ECreferrals@sfusd.edu Or Fax to: (415) 920-5075 Attn: SPED- PreK Assessment Unit

For your convenience, a list of frequently asked questions (FAQ) addressing the assessment process is included in this packet. If you have any additional questions about these forms or need assistance filling them out please contact our office at (415) 401-2525 x1101.

Sincerely,

San Francisco Unified School District



評估時間表

1. 收到轉介文件十五 (15) 日曆天內，評估工作人員將審閱轉介文件，並且對此請求作適當回覆。工作人員將制定評估計劃，內容闡述評估領域，或是致信（事先書面通知）說明為何將不會進行評估。
2. 若制定了評估計劃，計劃將會寄給家長/監護人簽名。沒有家長許可和經過簽名的計劃不得對兒童進行評估。
3. 除暑假和超過五 (5) 天的學校假期外，在收到已簽名的評估計劃的六十 (60) 個日曆天內，將進行評估並且召開個別教育計劃會議 (IEP)。

常見問題 (FAQ)

由誰進行評估？

您在申請上所描繪的性質和關注的範圍將決定所委派的評估員類型。也許是兒童早期特殊教育心理學家、言語——語言病理學家、相關服務提供者（如：職能治療師、物理治療師等）、或綜合各種不同的評估人員。

評估後有哪些後續動作？

將通知家長/監護人參加 IEP 會議。安排家長/監護人於能夠參與的時間召開 IEP 會議。

什麼是 IEP 會議？

IEP 會議會對評估中收集到的資訊進行解釋、討論並且用於您子女教育的決定。您子女的資訊將用於：

- 斷定您的子女是否符合資格接受特殊教育和相關服務和/或您的子女是否符合殘障人士教育法案(IDEA) 下“殘障兒童”的定義。
- 若您的子女符合資格接受特殊教育服務，將制定目標以幫助您的子女獲得教育得益。

欲瞭解更多資訊，請瀏覽我們的網站：www.sfusd.edu
(<http://www.sfusd.edu/en/programs-and-services/special-education/pre-school-special-education-services.html>)



SFUSD SAN FRANCISCO
PUBLIC SCHOOLS
ASSESSMENT TIMELINES

1. Within fifteen (15) calendar days of receipt of a referral, assessment staff will review the referral request and determine the appropriate response to the request. They will either develop an Assessment Plan stating areas to be assessed, or they will send a letter (Prior Written Notice) explaining why an assessment will not be conducted.
2. If an Assessment Plan is developed, it will be sent to the parent/guardian for signature. No child can be assessed without parental permission and a signed plan.
3. Within sixty (60) calendar days of receipt of the signed Assessment Plan, excluding summer and school holidays of more than five (5) days, an assessment will be conducted and an Individualized Education Program meeting (IEP) held.

FREQUENTLY ASKED QUESTIONS (FAQ)

Who will conduct assessments?

The nature and area of concern outlined in your request will determine the type of assessor(s) assigned. This could be an ECSE Psychologist, Speech-Language Pathologist, related service provider (e.g. Occupational Therapist, Physical Therapist, etc.), or any combination of these assessors.

What happens after the assessment?

The parent/guardian will be notified to participate in an IEP meeting. The IEP meeting will be scheduled to ensure the parent/guardian can attend.

What is an IEP meeting?

An IEP meeting is where Information gathered from the assessment is explained, discussed, and used to make decisions about your child's education. Information about your child will be used to:

- *Determine if your child is eligible for special education and related services and/or decide if your child meets the definition of a "child with a disability," under the Individuals with Disabilities Education Improvement Act (IDEIA).*
- *If your child is eligible for Special Education Services, goals will be developed to assist your child in receiving an educational benefit.*

For more information please visit our website: www.sfusd.edu
(<http://www.sfusd.edu/en/programs-and-services/special-education/pre-school-special-education-services.html>)



SAN FRANCISCO
PUBLIC SCHOOLS

家長/看護人問卷調查表/ Parent/Caregiver Questionnaire

日期/ Date : _____ 問卷填寫人/ Questionnaire Completed by : _____

是否由其他人士協助您填寫此表格? / Did another person assist you when completing this form? 是(Yes) / 否(No)

如果是, 請列出名字及其與兒童的關係 / If yes, please list Name and relationship to child: _____

兒童法定全名: _____ / _____ / _____
Child's Full Legal Name: 名 / First 中間名 / Middle 姓 / Last

暱稱 / Child's Nickname : _____ 性別 / Gender (請勾選): 男/Male 女/Female

兒童的出生日期 / Child's Date of Birth : 月/Month _____ 日/Day _____ 年/Year _____

兒童所屬族裔 / Child's Ethnicity (列出所有適用項 / List all that apply) : _____

轉介原因 / Reason for referral : _____

看護人 / Caregiver #1:

家長 (Parent) / 祖父母 (Grandparent) / 監護人 (Guardian) / 養父母 (Adoptive Parent) / 其他 (Other) _____

姓名: _____ 此處是否是兒童的主要居住地? 是 / 否
(Name) (Is this the child's primary residence? Yes / No)

地址/Address : _____ 公寓號 / Apt #: _____ 郵編/Zip : _____

主要聯絡電話/Best Phone to call : _____ 勾選/Check: 家庭/Home) / 手機(Cell) / 工作(Work)

其他電話/電郵/Email Address/Other Phone: _____ 勾選/Check: 家庭/Home) / 手機(Cell) / 工作(Work)

您希望我們以哪一種方式聯繫您? / How do you preferred to be contacted? 電話(Phone) / 電郵 (Email) / 沒有偏好 (No Preference)

看護人 / Caregiver #2:

家長 (Parent) / 祖父母 (Grandparent) / 監護人 (Guardian) / 養父母 (Adoptive Parent) / 其他 (Other) _____

姓名: _____ 此處是否是兒童的主要居住地? 是 / 否
(Name) (Is this the child's primary residence? Yes / No)

地址/Address : _____ 公寓號 / Apt #: _____ 郵編/Zip : _____

主要聯絡電話/Best Phone to call : _____ 勾選/Check: 家庭/Home) / 手機(Cell) / 工作(Work)

其他電話/電郵/Email Address/Other Phone: _____ 勾選/Check: 家庭/Home) / 手機(Cell) / 工作(Work)

您希望我們以哪一種方式聯繫您? / How do you preferred to be contacted? 電話(Phone) / 電郵 (Email) / 沒有偏好 (No Preference)

發育階段里程碑/ Developmental Milestones:

(請注明貴子女達到以下里程碑的年齡，或注明「還沒有」)

(Indicate the age at which your child achieved the following milestones, or indicate "Not Yet")

粗大動作/Gross Motor: 坐直/ Sit Upright: _____ 爬/ Crawl : _____ 獨立行走/ Walk Independently : _____

精細動作/Fine Motor: 捏小物體/ Pinch Small Objects: _____ 自己吃飯/ Self-feed: _____ 拿瓶子/ Hold Bottle: _____

溝通/Communication 開始說話/ First Words : _____ 結合兩個或以上 (2+) 的字/ Combine two or more (2+) words: _____

如廁訓練/ Toilet Training: 白天/ Day : _____ 晚上/ Night : _____

醫療/健康資訊/Medical/Health Information:

是否有疾病史、事故史和/或住院史? 是, 請在下方說明/Yes, please explain below 否/No
(Is there a history of illness, accidents, and/or hospitalizations?)

您的子女是否被診斷有障礙、延遲或特殊情況? 是, 請在下方說明/Yes, please explain below 否/No
(Does your child have a diagnosed disorder, delay or special condition?)

您的子女最後一次體檢是什麼時候/ When was your child's last physical examination? _____

您的子女的家庭醫生是誰/ Who is your child's primary physician? _____

電話/ Telephone: _____ 地址/ Address: _____

您的子女是否通過了新生兒聽力篩查/ Did your child pass the Newborn Hearing Screening? 是/Yes 否/No

您的子女的耳朵曾經受感染嗎/Has your child experienced ear infections? 是- 多少次/Yes- How many? _____ 否/No

請問曾如何治療耳朵感染/ How were the ear infections treated? _____

請問有放置鼓膜置管嗎/ Have PE Tube been placed? 有- 何時/Yes- When? _____ 沒有/No

最近一次聽力篩查/測驗的日期和地點: _____
(Date and location of most recent hearing screening/test.)

結果/Results _____

最近一次視力篩查/測驗的日期和地點: _____
(Date and location of most recent vision screening/test.)

結果/Results _____



孩子如在12個月以內接受過聽覺及/或視覺測試，請提供聽覺及視覺篩檢結果的書面證明。
(*Please provide written verification of hearing and vision screenings results if your child's hearing and/or vision have been tested within the last 12 months.*)

其他資訊/ Additional Information:

您的子女是否有特殊飲食/食物限制條件? 是，請在下方說明/Yes, please explain below 否/No
(Does your child have a special diet or any food restrictions?)

您的子女是否使用奶嘴或奶瓶? 您的子女是否曾吮吸拇指?
(Did your child use a pacifier or bottle? Did your child suck his/her thumb?)
 是，請在下方說明 /Yes, please explain below (停止年齡/ Age stopped: _____) 否/No

您的子女是否有過敏/ Does your child have any allergies ? 是，請在下方說明/Yes, please explain below 否/No

您的子女是否有哮喘/ Does your child have asthma ? 是，請在下方說明/Yes, please explain below 否/No

您的子女是否經歷過任何頭部損傷? 是，請在下方說明/Yes, please explain below 否/No
(Has your child experienced any head injuries?)

您的子女是否進行過任何基因檢測? 是，請在下方說明/Yes, please explain below 否/No
(Has your child undergone any genetic testing?)

您的子女有否使用特別設備 (如：助行器、輪椅、適應性座位、聲音輸出設備等 ?
(Does your child use any specialized equipment (e.g. walker, wheelchair, adaptive seating, voice output device, etc.?)
 有，請在下方說明/Yes, please explain below 沒有/No

請問有學習困難、發展遲緩或精神健康問題家庭成員或家族歷史嗎 ?
(Is there a family history of or have any family members had learning difficulties, developmental delays or mental health concerns?)
 有，請在下方說明/Yes, please explain below 沒有/No

其他資訊/ Other information (描述/describe): _____

您子女的情況/Description of your child:

在嬰兒時期，我的子女/As a baby my child was (勾選所有適用項/Check all that apply):

- | | | |
|---|---|--|
| <input type="radio"/> 很活躍/Very Active | <input type="radio"/> 很安靜/Very Quiet | <input type="radio"/> 難以安撫/Hard to comfort |
| <input type="radio"/> 容易安撫/Easy to comfort | <input type="radio"/> 腸絞痛/Had colic | <input type="radio"/> 難以餵食/餵奶/Hard to feed/nurse |
| <input type="radio"/> 害羞/Shy | <input type="radio"/> 友好/Friendly | <input type="radio"/> 好相處/Easy going |
| <input type="radio"/> 難以入眠/Trouble Sleeping | <input type="radio"/> 比大多數嬰兒更愛哭/
Cried more than most babies | |

在學步/學前時期，我的子女/As a toddler/preschooler my child was/is (勾選所有適用項/Check all that apply):

- | | |
|---|--|
| <input type="radio"/> 很活躍/Very Active | <input type="radio"/> 很安靜/Very quiet |
| <input type="radio"/> 愛哭/Cries a lot | <input type="radio"/> 友好/Friendly |
| <input type="radio"/> 好相處/Easy going | <input type="radio"/> 害羞/Shy |
| <input type="radio"/> 對其他孩子感興趣/Interested in other children | <input type="radio"/> 難以入眠/Trouble sleeping |
| <input type="radio"/> 看書上的圖畫/Looks at pictures in books | <input type="radio"/> 對玩具沒興趣/Not interested in toys |
| <input type="radio"/> 對其他孩子/沒興趣/Not interested in other children/people | <input type="radio"/> 很容易學會說話/Learned to talk easily |
| <input type="radio"/> 很難學會說話/Learning to talk was/is difficult | |

我的子女在以下方面有不尋常的困難/My child shows **unusual difficulty** with (勾選所有適用項/Check all that apply):

- | | | |
|---|---|--|
| <input type="radio"/> 表達觀點/想法/需求/
Expressing ideas/wants/needs | <input type="radio"/> 學說話/Learning to talk | <input type="radio"/> 扔/接球/Throwing/catching a ball |
| <input type="radio"/> 跳著走/單腳跳/Skipping/hopping | <input type="radio"/> 說話含糊不清/
Unclear speech | <input type="radio"/> 很容易因為噪聲而不安/Easily upset by noises |
| <input type="radio"/> 騎自行車/三輪車/Riding a bike/trike | <input type="radio"/> 遵照指示/Following directions | <input type="radio"/> 在自己的世界裡/Being in their own world |
| <input type="radio"/> 離開父母/Separating from parents | <input type="radio"/> 走路/Walking | <input type="radio"/> 對個別玩具有興趣/Interested in particular toys |
| <input type="radio"/> 和同伴互動/Interacting with peers | <input type="radio"/> 撞擊頭部/Head banging | <input type="radio"/> 重複的行為/Repetitive behaviors |
| <input type="radio"/> 會大發脾氣/Excessive temper tantrums | <input type="radio"/> 自己穿衣服/Dressing self | <input type="radio"/> 很容易因為常規活動發生變化而不安/
Easily upset by changes in routines |
| <input type="radio"/> 抓緊鉛筆/蠟筆/馬克筆/
Grasping a pencil/crayon/marker | <input type="radio"/> 極度恐懼/Extreme fears | <input type="radio"/> 不尋常的肢體動作/Unusual body movements |
| <input type="radio"/> 拍手/Hand flapping | <input type="radio"/> 自己吃飯/Self-feeding | |

其他觀察或詳情/Other observations or details: (描述/describe) _____



SFUSD SAN FRANCISCO
PUBLIC SCHOOLS
我子女的強項/ My child's strengths : _____

我子女的興趣/最喜歡的玩具/活動/ My child's interests/favorite toys/activities : _____

您子女的情況（續） / Description of your child (continued):

您的子女會進行喜歡的活動並且持續多長時間/在喜歡的活動上保持多長時間的注意力/ How long does your child stay with/pay attention to an activity?

關於我子女的一些讓我擔憂的事情/ Things that concern me about my child: _____

您的子女以往曾接受評估嗎/ Has your child ever been evaluated before?

評估類型/ Evaluation Type 評估員的名字/機構/Name of Evaluator/Agency 評估/報告日期/ Evaluation/Report Date

您的子女是否有接受/接受了任何治療/介入服務（OT [職能治療]、PT [物理治療]、SLP [言語和語言治療]、ABA [應用行為分析]、行為方面的[服務]、其他[服務]）？

Does/did your child receive any therapy/intervention services (OT, PT, SLP, ABA, Behavioral, etc.)?

治療/介入服務類型/ Type of Therapy/Intervention 提供者/ Provider 服務日期/ Dates of Service



SFUSD SAN FRANCISCO PUBLIC SCHOOLS

同意透露保密資訊 (CONSENT TO RELEASE CONFIDENTIAL INFORMATION)

本人特此授權交流關於以下內容的資訊 (I hereby authorize the exchange of information regarding):

兒童姓名/ Child's Name : _____ 出生日期/ DOB : _____

本人, _____ (以正楷體填寫姓名) 同意以下具名的提供者向三藩市聯合校區分享關於本人子女的相關資訊 (I, _____ (print your name) give permission to providers checked off below to share pertinent information regarding my child with the San Francisco Unified School District):

(請於所有合適的機構打勾 , 或填寫所有合適的機構) (Indicate or fill-in any and all appropriate agencies)

Golden Gate Regional Center
875 Stevenson St. 6th Floor
San Francisco, CA 94103

California Children Services
30 Van Ness Ave. Ste. 210
San Francisco, CA 94102

CA Pacific Medical Center
3700 California Street
San Francisco, CA 94118
415-750-6200

SF Dept. of Human Services
PO Box 7988
San Francisco, CA 94103

Chinatown Child Dev. Ctr.
720 Sacramento Street
San Francisco, CA 94108

Kaiser Permanente
350 St. Joseph Street
San Francisco, CA
Fax: 415-883-3071

SF Easter Seal Society
95 Hawthorne
San Francisco, CA 94105

Infant Parent Program
SFGH Bldg. 9
2550 23rd Street, RM 130
San Francisco, CA 94110

SF General Hospital
1001 Potrero Ave.
San Francisco, CA 94110

SF Hearing & Speech Ctr.
1234 Divisadero Street
San Francisco, CA 94115

Family Development Ctr.
2730 Bryant Street
San Francisco, CA 94110

St. Luke's Hospital
3555 Cesar Chavez
San Francisco, CA 94110

Support for Families
2601 Mission Street, Ste. 606
San Francisco, CA 94110

UCSF Hospital
400 Parnassus Ave. RM A67
San Francisco, CA 94143

Multidisciplinary Assessment Center (MDAC)
SF General Hospital
1001 Potrero Ave.
San Francisco, CA 94110

托兒所/學校校長/教師
姓名: _____
地址: _____
城市/郵編: _____
電話: _____

Children's Council of SF
445 Church Street
San Francisco, CA 94114

其他
名: _____
地址: _____
城市/郵編: _____
電話: _____

其他
名: _____
地址: _____
城市/郵編: _____
電話: _____

醫師
姓名: _____
地址: _____
城市/郵編: _____
電話: _____

該授權隨時可以以書面形式於上述地址提出撤銷申請。(This authorization may be revoked at any time upon presentation of written request to the address above.)

簽名/ Signature : _____

日期/ Date : _____



教師/看護人意見表/ Teacher/Care Provider Input Form

由教師 / 托兒人員填寫 / TO BE COMPLETED BY TEACHER / CHILD CARE PROVIDER

孩子名字/Name of Child: _____ 出生日期/Date of Birth: _____

學校/中心名字/School/Center Name: _____

計劃類型/Program Type: _____

(如：幼兒中心、蒙特梭利幼兒教學法、遊戲為主的幼兒園、學前班等/e.g. Child Care Center, Montessori, Play-Based Preschool, Pre-Kindergarten, etc.)

教授時使用的語言/ Language(s) used during instruction: _____

表格填寫人的名字/Name of person completing this form: _____ 日期/Date: _____

班中的孩子人數/Number of children in class: _____ 班中成人與孩子的比例/Adult-to-child ration in class: _____ / _____
(成人/ Adults) / (孩子/Children)

請問您與孩子共事多久/ How long have you worked with this child? _____

請提供孩子在以下發育領域中的強項和挑戰（如適用）的資訊。

Please provide information on the child's strengths and challenges (if any) with regard to the following developmental domains.

學習前/學習/Pre-Academics/Academics: _____

課堂行為/參與/Classroom Behavior/Participation: _____

溝通/ Communication: _____



SAN FRANCISCO
PUBLIC SCHOOLS

教師/看護人意見表 (續)
Teacher/Care Provider Input Form (Continued)

日常生活技巧/Daily Living Skills: _____

精細和粗大動作/ Fine & Gross Motor: _____

社交/情緒/ Social/Emotional: _____

補充/ Additional Comments: _____

感謝您幫助我們進一步瞭解您的學生。
Thank you for helping us better understand your student.