



## Comprehensive Interdisciplinary Developmental Services, Inc.

1580 Lake St.

Suite 1

Elmira, New York 14901

(607) 733-6533 Fax: (607) 733-0939

**Kacey O. Gergel, M. Ed**

Executive Director

Dear Parent/Guardian:

C.I.D.S. is an agency that offers various services to all children in Chemung County. One of the services C.I.D.S. provides is **free developmental screenings** for children from birth to age five. These screenings are a great tool to see how your child is learning and growing. The screenings are not meant to provide a diagnosis, but will help to identify possible areas of development that may need further review. New York State requires screenings for all children entering Pre-Kindergarten. CIDS is pleased to partner with the Horseheads Central School District to provide these screenings.

### What Is a Developmental Screening?

Your child will take part in a **short, play-based activity** during the school day. We look at:

- Movement and hand skills
- Talking and understanding language
- Playing and social skills
- Learning and problem-solving
- **Vision and hearing screens are also completed at this time.**

### What to Expect:

- Fun, child-friendly activities
- No preparation needed
- Development screenings only take approximately 20 minutes

If a screening shows an area that may need follow-up, our team will contact you and help guide next steps.

Please bring the completed permission form with you stop by the CIDS table at registration. There you will also sign up for an appointment day/time for your child's screening. We look forward to meeting you!

📍 Screening dates: **July 20-23 and July 27-30**

📍 Screening location: **CIDS Office  
1580 Lake St. Suite 1  
Elmira, NY 14901**

If you would like more information regarding the screening process, please call our office at **607-733-6533** to speak with a Developmental Screening Associate. We will be very happy to answer any questions.

Sincerely,

*Cassandra Gerow & Sandy Space*

Cassandra Gerow & Sandy Space  
Early Childhood Screening Team  
CIDS



**ADDITIONAL INFORMATION**

Check any illness or conditions your CHILD has now or has had in the past.

- Allergies     Hay Fever     Asthma     Constant Cold     Ear Infections     Tonsillitis  
 Ear Tubes     Seizures     Encephalitis     Loss of Skills     Whooping Cough     Tics

Other: \_\_\_\_\_

Please check any behaviors which pose a problem for your CHILD at this time. (For children 3 years or older)

- Drooling     Anxious     Too Active     Wets Bed     Difficulty Chewing or Swallowing  
 Stuttering     Too Shy     Distractible     Clings to Caregiver/Others     Difficulty Sleeping  
 Can't Toilet Train     Difficulty Regulating Emotions     Child Unaware of Others/Surroundings

Other: \_\_\_\_\_

Prenatal Care: Was there regular prenatal care?     Yes     No    Birth Weight \_\_\_\_\_

Premature    Weeks Early \_\_\_\_\_

Mother's health during pregnancy for this child: Please check appropriate items.

- Anemia     Diabetes     Surgery     Bleeding     Convulsions     Pre-Eclampsia  
 Bed Rest     Edema     Accident     Hypertension     Anxiety

Is there family history of any of the following with regard to the CHILD'S parents, grandparents or siblings?

- Seizures     Convulsions     Anemia     Asthma     Learning Disability     Allergies

Please list all additional people living in your home other than those listed on the front page.

<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Relationship to Child</u>
_____			
_____			
_____			
_____			

Do you have any specific concerns that you would like the screeners to know at this time?

\_\_\_\_\_  
\_\_\_\_\_