

**AT-RISK PRESCHOOL
ELIGIBILITY CRITERIA CHECKLIST**

Student's Name _____

From the criteria listed below, please check the ones that apply to your child. If none of them apply please leave them blank.

_____ Eligible for free lunches (**must fill out application**)

_____ Single parent family (at the time of enrollment)

_____ DCF referral

_____ Teen Parent (at the time of birth of student)

_____ Parent's lacking a high school diploma or GED

_____ Enrolled through a migrant program

_____ Limited English proficiency

_____ IEP

Initial service date _____

Office use only

Parent Signature

Date

Office Use Only

_____ Developmentally or academically delayed based on assessments

Date verified _____