



# ETHNICITY/RACE 2024-2025

STUDENT NAME \_\_\_\_\_ Student's AGE as of Sept. 1 \_\_\_\_\_

## Please Answer Both Part A and B

### Part A: Is this student Hispanic/Latino? **ETHNICITY (Choose Only One)**

- \_\_\_\_ NO, Not Hispanic/Latino (A person who is not of Spanish culture or origin regardless of race.)
- \_\_\_\_ YES, Hispanic or Latino (The Federal Census Bureau defines Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.)

### Part B: What is the student's race? (**Choose ALL that apply**)

- \_\_\_\_ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.)
- \_\_\_\_ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- \_\_\_\_ **Black or African American** (A person having origins in any of the black racial groups of Africa.)
- \_\_\_\_ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam Samoa, or other Pacific Islands.)
- \_\_\_\_ **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# AT-RISK CRITERIA

## Check ALL that Apply

\_\_\_\_\_ **POVERTY (PRESCHOOL-AGED AT-RISK)**

Qualifies for free meals under the National School Lunch Program.

\_\_\_\_\_ **SINGLE PARENT FAMILIES**

On the first day of school, a custodial parent is unmarried.

\_\_\_\_\_ **KANSAS DEPARTMENT OF CHILDREN AND FAMILIES (DCF) REFERRAL**

The reason for referral must describe the need for the child to attend the Pre-K program and be documented and signed by the DCF agent.

\_\_\_\_\_ **TEEN PARENTS**

At least one parent was a teenager when the child was born.

\_\_\_\_\_ **EITHER PARENT IS LACKING A HIGH SCHOOL DIPLOMA OR GED**

On the first day of school, either parent lacks a high school diploma or a GED.

\_\_\_\_\_ **LIMITED ENGLISH PROFICIENCY**

Limited English Proficiency status must be documented. The student must qualify for bilingual weighting and ESOL services must be provided. Forms must be in child's file. Process and criteria are found at <http://www.ksde.org> under Early Childhood: <https://www.ksde.org/Portals/O/Title/ESOL/ESOLProgramGuidance.pdf>. NOTE: ESOL services must be provided by qualified teachers.

\_\_\_\_\_ **LOWER THAN EXPECTED DEVELOPMENTAL PROGRESS IN AT LEAST ONE OF THE FOLLOWING AREAS: Cognitive Development; Physical Development; Communication/Literacy; Social Emotional/Behavior; Adaptive Behavior; /Self-Help Skills.**

Based on appropriate and valid assessment results, the developmental progress of the child has been determined by a trained professional to be lower than typically expected for his/her chronological age, yet above what would be considered eligible for special education services (based on the procedural manual and guidance materials of specific assessment instruments). Scores that fall below the 40<sup>th</sup> percentile indicate 'at-risk'.

\_\_\_\_\_ **CHILD QUALIFYING FOR MIGRANT STATUS**

Copy of Certificate of Eligibility must be on file.

\_\_\_\_\_ **CHILD EXPERIENCING HOMELESSNESS**

Residence of Homeless Student while Homeless must be completed in the KIDS Collection System and the student must be included on the district's homeless list.

\_\_\_\_\_ **NONE OF THE ABOVE**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_