

# Highland Rim Head Start Child Screening Documentation Form

Child's Name: \_\_\_\_\_

Center/Classroom: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Right	pass / refer
Left	pass / refer

Assessor's Signature: \_\_\_\_\_

Vision Date: \_\_\_\_\_

Left:
Right:
Both:

Assessor's Signature: \_\_\_\_\_

Growth Assessment

Date	Height	Weight
1st:		

Assessor's Signature: \_\_\_\_\_

2nd:		
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Assessor's Signature: \_\_\_\_\_

Fluharty Date:

<b>Speech</b>	Articulation		
	Receptive	Expressive	General
<b>Language</b>			

TABS Date: \_\_\_\_\_

Score:
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Brigance Date: \_\_\_\_\_

Score:
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Health and Behavioral Observation Dates

1st:
2nd:

90 Day Requirement Dates

Physical	Dental
BP	Lead

Lap-3 Assessment Dates

Fall:
Winter:
Spring:

Parent/Guardian Signature (October): \_\_\_\_\_

Parent Signature (February): \_\_\_\_\_

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

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