

Head Start age (3-5 years old) Center _____

CHILD'S NAME _____ Enrollment Date ___ / ___ / ___

DOB ___ / ___ / ___ Years ___ Months ___

Language: English ___ Spanish ___ Other ___

SCREENINGS

* Blood pressure: Date completed ___ / ___ / ___ Reading ___ / ___ Staff initial ___

* Height: Date completed ___ / ___ / ___ Inches _____ Staff initial ___

* Weight: Date completed ___ / ___ / ___ Pounds _____ Staff initial ___

* Results of Height and Weight PROMIS data entered to develop BMI chart for child file.

Completed Date ___ / ___ / ___

Hearing: Date completed ___ / ___ / ___ Pass ___ Re-screen ___ Refer ___ Staff initial ___

Vision: Date completed ___ / ___ / ___ Pass ___ Re-screen ___ Refer ___ Staff initial ___

Sp/Lang: Date completed ___ / ___ / ___ Pass ___ Re-screen ___ Refer ___ Staff initial ___

ESI: Date completed ___ / ___ / ___ Pass ___ Re-screen ___ Refer ___ Staff initial ___

3-4½ P 4½-6 K Score _____

Comments: _____

After entering data into PROMIS, place this page in section 4 of the child's file.