

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.