

PRE-SCREENING PRESCHOOL INFORMATION FORM

Childs Name _____

Date of Birth _____

Address _____

City/State/Zip _____

Home Phone _____

Parents Name _____

Cell Phone _____

Email _____

Alternate Contact Name _____

Alternate Contact Phone _____

☐ Check here if you are an Athens City Schools employee

School employed at: _____

For Office Use Only:

Date Prescreening Preschool Information Form received: _____

Date Preschool Screening Consent Form received: _____

Date/Time of Preschool Appointment: _____

Screening Results

Vision:

☐

Pass

☐

Fail

Hearing:

☐

Pass

☐

Fail

Speech:

☐

Pass

☐

Fail

Language:

☐

Pass

☐

Fail

Developmental Screener:

☐

Pass

Scores: _____

Scores: _____

☐

Fail

Developmental Domains Scores:

Cognitive

Social

Adaptive

Motor

Communication

_____ Date parents were sent notification of placement

_____ Date of referral if determined the need for a special education referral