



Student Services Department, 620 East University Avenue, Gainesville, Florida 32601

Pre-K Educational Planning Team Screening Record

Student Name: _____ Today's Date: _____
 Student #: _____ Zoned School: _____ Grade: _____
 Date of Birth: _____ Sex: _____ Race: _____ Primary Language at Home: _____
 Parent/Guardian Name: _____
 Parent/Guardian Address: _____
 Parent/Guardian Primary Phone: _____ Additional Phone: _____
 Referral Source: Part C: _____ Community Referral: _____
 Service Coordinator: _____

Parent/Guardian Conferences:

- Date: _____ Person(s) Involved (Name/Title): Transition
 Summary: _____
- Date: _____ Person(s) Involved (Name/Title): Evaluation
 Summary: _____
- Date: _____ Person(s) Involved (Name/Title): Return Eval.
 Summary: _____

Review of Social/Development History:

Parent Concerns: _____
 Counseling Involvement: _____
 Social/Medical: Community Agencies Involved: _____
 Problems w/Pregnancy: _____ Problems w/Birth: _____
 Early Development (0-4): Walked @ _____ 1st Words @ _____ Sentences @ _____
 Accidents/Illnesses/Operations (dates): _____
 Attends: _____

Sensory Screening:

Vision: Right _____ Left _____ Date: _____ Near Vision Binocular, or Functional:
 Hearing: Right _____ Left _____ Date: _____ W/A OAE, or Functional:

	<u>Date</u>	<u>Normal Limits</u>	<u>Follow-Up Needed</u>	<u>Check if Enrolled</u>	<u>Enrollment Date</u>
Language: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fluency: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voice: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Clinician's Signature: _____

_____ mth **ASQ Screening Results:** _____ WNL or Areas of Concern: _____
 Comm: _____ G. Motor: _____ F. Motor: _____ Problem Solving: _____ Personal Social: _____
 _____ mth **ASQ Screening Results:** _____ WNL or Areas of Concern: _____

Notes: