



Alachua County Public Schools  
Early Intervention Services  
**Head Start Program**

**SCREENING RESULTS RECORD**

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

**Vision Results:**

Right Eye: \_\_\_\_\_

Left Eye: \_\_\_\_\_

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

**Hearing Screening Results:**

Right Ear: \_\_\_\_\_

Left Ear: \_\_\_\_\_

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

**Blood Pressure Results:**

\_\_\_\_\_

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date: \_\_\_\_\_

Referral required?  Yes  No

If yes, list: \_\_\_\_\_

Date parent was notified of need for further evaluation: \_\_\_\_\_