



PRESCHOOL SCREENING REQUEST FORM

Date Rec. _____

Child's Full Name _____ Date of Birth: _____

Mother/Father/Legal Guardian Name _____

Address _____

Telephone Numbers (Home) _____ (Work) _____ (Cell) _____

Circle Areas of Delays/Concerns

Speech Pre-academic Behavior Medical

Please describe each area of concern: _____

Items needed prior to screening:

Copy of Birth Certificate: _____

Proof of Residence: _____ Type of proof provided: _____ (ex. utilities bill/home phone bill)

Previous Testing and Dates of Testing: _____

Person (Agency) Initiating Screening: _____ Contact person: _____

Name of Child Care or Preschool _____

As the parent or guardian of _____, I give permission for my child to be screened for any possible developmental and/or speech/language delays. I understand that referrals may be made for further evaluations if a potential problem is found during the screening. I give permission for the exchange of information (verbal and/or written) between the above named agency/child care center/preschool/physician and Iredell-Statesville Schools Exceptional Children Preschool Department.

Parent Signature: _____