

Crossroads Head Start

**Public School Checklist**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Head Start Location: \_\_\_\_\_

- Release of Information
- Consent for Referral
- Hearing Screening
- Vision Screening
- Speech Screening
- Speech Evaluation
- Ages & Stages Questionnaire- 3
- Ages & Stages Questionnaire: Social Emotional-2
- Shot record
- Birth certificate
- Case History (if required by district)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Referral has been sent to: \_\_\_\_\_

\*\*Please contact Head Start Disability Coordinator with any questions.