

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.**