

Preschool Screening-Parent Request Form

Name of Child: _____ **Date of Birth:** _____

Age: _____ **Primary Language:** _____ **Sex:** Male Female

Parent(s): _____ **Telephone: (H)** _____

Address: _____ **Telephone: (C)** _____

I am requesting an appointment for Preschool Screening for my son/daughter. I understand that appointment times are available monthly.

The screening will take on average an hour to complete. Parent(s) are encouraged to discuss any concerns they may have during your child's screening.

There is no fee for the screening. Please indicate any developmental concerns for your child or area that you would like more information:

Parent(s) Signature: _____

Date: _____

For Office Use

Date Received: _____ **Parent(s) contacted on** _____ **to schedule.**

Name/position of screening personnel: _____

Appointment Time/Date: _____ **Location:** _____

Note: _____