District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NM PreK site\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List children who required follow up for screenings

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s initials | Date of Enrollment | Well Child | Vision | Hearing | Dental | Developmental | Follow up – please describe |
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| Please list children who were not screened and why? | | | | | | | |
| Child’s initials | Date of Enrollment | Why not screened? | | | | | |
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