

SUMMARY OF SCREENING FOR INITIAL ENROLLMENT

STUDENT _____ DATE OF ENROLLMENT _____
 DATE OF BIRTH _____ GRADE _____

FINE MOTOR GROSS MOTOR	HEARING	VISION	SPEECH LANGUAGE VOICE
Pass _____ Fail _____ Date _____ Personnel _____	Pass _____ Fail _____ Date _____ Personnel _____	Pass _____ Fail _____ Date _____ Personnel _____	Pass _____ Fail _____ Date _____ Personnel _____
FINE MOTOR Pass _____ Fail _____ Date _____ Personnel _____	Pass _____ Fail _____ Date _____ Personnel _____	Pass _____ Fail _____ Date _____ Personnel _____	Pass _____ Fail _____ Date _____ Personnel _____