

ANTHONY WAYNE AND CARE-A-LOT EARLY CHILDHOOD CENTER
REQUEST FOR FREE DEVELOPMENTAL SCREENING

Your Child's Information

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____

Gender: ___Female or Male___ Child's City of Birth: _____

1. What concerns to you have about your child's development? _____

2. Does your child attend a preschool or child care program? Yes ___ No ___
If yes, what is the name of the program? _____

3. Has your child been evaluated by Help Me Grow? Yes ___ No ___
If yes, what was the date of the evaluation? _____

4. Is this a foster child? Yes ___ No ___
If yes, Name of Case Worker: _____ County _____
Caseworker's Telephone Number: _____ Email: _____

Parent(s)/Guardian(s) Information

Parent Name: _____ Parent Name: _____

Address: _____ City _____ State: ___ Zip Code _____

Telephone Numbers: _____

Email Addresses _____

County of Residence: _____ School District of Residence: _____

Mother's Maiden Name: _____

Referral Source (If not the parent):

Parent ___ Doctor ___ Another Agency or Early Childhood Center _____

Name of person making the request: _____

Contact Telephone Number: _____ Email: _____

Office Use Only:

Date parents were contacted to setup a screening: _____

Date family information put into the software system: _____

Screening Date: _____ Screening Time: _____