

Preschool Referral Checklist

Name: _____

- _____ Birth Certificate
- _____ Proof of Residency
- _____ Parent Information Form
- _____ Teacher Information Form
- _____ Consent for Screening
- _____ Vision and Hearing Screening in Nurse's Office
Call Emily James, School Nurse – (281)641-1605
- _____ Shot Records
- _____ Home Language Survey
- _____ Driver's License