



Spokane County Head Start/ECEAP/EHS HEALTH SCREENING INFORMATION FOR PARENTS

Child's name: _____ Date _____

Your child received a health screening today at preschool. The results are checked below. If a re-check is necessary, it will be done in two to four weeks. Please call your FSC, _____, at _____ if you have any questions.

VISION

- Passed
- Needs to be re-checked
- Needs a referral, *please call me*

HEARING

- Passed
- Needs to be re-checked
- Needs a referral, *please call me*

GROWTH ASSESSMENT

Height _____ Weight _____

- Needs to be re-checked
- Needs a referral, *please call me*