

DISTRICT 742 EARLY CHILDHOOD SCREENING

Minnesota law requires Early Childhood Screening for all children entering Kindergarten in a public school. Please fill out this form and you will be contacted if a screening appointment is necessary.

Child's name _____ DOB _____

Parent's name(s) _____

Address _____ Phone _____

Has your child gone through Early Childhood Screening? ____ yes ____ no

If yes, where was your child screened?

____ Roosevelt Early Childhood Center – District 742

____ Special Education – Early Childhood Screening – District 742

____ Head Start – St. Cloud

____ Other Minnesota school district:

Name _____ City/State _____

____ Other Head Start program:

Name _____ City/State _____

If screening has been completed, please fill out the following **Release of Information** form.

I hereby grant permission to release Early Childhood Screening records for:

(Name of student)

(Birthdate)

I understand that this record contains identifying data, ECS records, immunization records and other pertinent information concerning my child. (Parents may examine a copy of records upon request.)

(Parent/Guardian signature)

(Date)

Please forward all Early Childhood Screening records to:

Jackie Lee

McKinley Education Center

216 8th Ave. No.

Waite Park, MN 56387

Phone: 320-529-6500 ext. 6255

Fax: 320-529-4301

Welcome Center

