

Plattsburgh City School District School Screening Profile
 (Please return to school secretary no later than _____)

Student's Name _____ DOB _____ Grade _____

Areas Evaluated	No Apparent Difficulties	Further Observation Needed	Initials of Providers
Physical Screening - Immunizations - Vision - Hearing - General			
Classroom Teacher - Cumulative File - Report Card			
Speech/Language Teacher - Receptive/Expressive - Articulation - English - Native Language			
AIS ELA Teacher			
AIS Math Teacher			

 Principal's Signature