

ALBEMARLE COUNTY PUBLIC SCHOOLS
 DEPARTMENT OF SPECIAL SERVICES
 401 McINTIRE ROAD
 CHARLOTTESVILLE, VIRGINIA 22902
 (434) 296-5885

SUMMARY OF SCREENING FOR INITIAL ENROLLMENT

STUDENT: _____ DATE OF ENROLLMENT: ____/____/____
 DATE OF BIRTH ____/____/____ GRADE: _____

Initial Enrollment within 60 days through grades 3

Speech Language Voice		Arctic	Language	Voice	Fluency
	Pass				
	Fail				
	Date				
	Personnel				

Fine Motor & Gross Motor Functions		Fine Motor	Gross Motor
	Pass		
	Fail		
	Date		
	Personnel		

Initial Enrollment within 60 days through grades 3

Initial Enrollment for all children within 60 days and for all children during grades 3, 7 and 10.

Hearing		Pure Tone		
	Pass			
	Fail			
	Date			
	Personnel			
		Test	Retest	Comments
Vision	Pass			
	Fail			
	Date			
	Personnel			

Student Name: _____

Grade 3		Test	Retest	Comments
Vision	Pass			
	Fail			
	Date			
	Personnel			
Hearing Pure Tone		Test	Retest	Comments
	Pass			
	Fail			
	Date			
	Personnel			

Grade 7		Test	Retest	Comments
Vision	Pass			
	Fail			
	Date			
	Personnel			
Hearing Pure Tone		Test	Retest	Comments
	Pass			
	Fail			
	Date			
	Personnel			

Grade 10		Test	Retest	Comments
Vision	Pass			
	Fail			
	Date			
	Personnel			
Hearing Pure Tone		Test	Retest	Comments
	Pass			
	Fail			
	Date			
	Personnel			