

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 <ul style="list-style-type: none">- Immunizations- Vision- Hearing- General			
Classroom Teacher <ul style="list-style-type: none">- Cumulative File- Report Card			
Speech/Language Teacher <ul style="list-style-type: none">- Receptive/Expressive- Articulation- English- Native Language			
AIS ELA Teacher			
AIS Math Teacher			

Principal's Signature