

## NC Pre-K Student File Review Checklist

SFY: 2024-2025

Name of Site: \_\_\_\_\_

Student Name: \_\_\_\_\_  
First MI Last

Child's Date of birth: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ (include first month's attendance sheet as verification)

Eligibility Form (Scorecard)

Enrollment Handbook Forms

Childcare Policy Forms

Child Health Assessment (Physical) \_\_\_\_\_ If not completed, due by \_\_\_\_\_

Dental Screening \_\_\_\_\_ If not completed, due by \_\_\_\_\_

Immunization Record (Shot record)

Developmental Screening ASQ-3 \_\_\_\_\_ ASQ:SE2 \_\_\_\_\_

TS Gold Assessments  
Fall (Nov) \_\_\_\_\_ Winter (Feb) \_\_\_\_\_ Spring (May) \_\_\_\_\_

Documentation of Risk Factors (If applicable)

IEP (If applicable)

Legal Documentation (If applicable)

Correspondence (i.e. Letters from parents, Doctor's notes)

Site Admin/Designee Name (print)

Signature

Date