



Partnership FOR CHILDREN

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smart start
network



OF CUMBERLAND COUNTY

NC Pre-K Student File Review Checklist

SFY: 2026-2027

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