Head Start of GREATER DALLAS
Teaching Children & Building Families

Mi Escuelita Preschool
Give Wings

CHILD HEALTH RECORD (18-30 MONTHS)

Name: DOB: Age: Sex:

Allergies: Major Illness:

Medication taken regularly

Able to participate in center activities ☐Yes ☐No If not, why?

DEVELOPMENT 18 MONTHS
- ☐ Drinks from a cup
- ☐ Responds to "give me"
- ☐ Says six words
- ☐ Asks for familiar toys not around

	Results	Dates	Initials
Ht.inches			
Wt. lbs			
Ht.2 (N)			
Wt.2 (N)			
B/P			
Hct.			
Strab.			
Vis. R			
Vis. L			
PT/ R			
PT/L			
Imp. R			
Imp. L			
Lead			
H/LDL			
Chol. T.			
GLU			
TB			
Screening Completion Date			
Rescreen:			

PHYSICAL EXAMINATION

N	A	NE	
☐	☐	☐	Appearance
☐	☐	☐	Head
☐	☐	☐	Nose, Mouth Pharynx
☐	☐	☐	Teeth
☐	☐	☐	Eyes (funduscope)
☐	☐	☐	Ears (tympanic)
☐	☐	☐	Neck
☐	☐	☐	Chest/Heart
☐	☐	☐	Lungs
☐	☐	☐	Abdomen
☐	☐	☐	Genitalia
☐	☐	☐	Glands (thyroid)
☐	☐	☐	Skin
☐	☐	☐	Spine
☐	☐	☐	Extremities
☐	☐	☐	Coordination

ASSESSMENT

PLAN

Entry Date:

Date:

Provider

DEVELOPMENT 24 MONTHS
- ☐ Uses spoon
- ☐ Builds tower of 2 cubes
- ☐ Combines 2 words
- ☐ Follow 2-part directions

	Results	Dates	Initials
Ht.inches			
Wt. lbs			
Ht.2 (N)			
Wt.2 (N)			
B/P			
Hct.			
Strab.			
Vis. R			
Vis. L			
PT/ R			
PT/L			
Imp. R			
Imp. L			
Lead			
H/LDL			
Chol. T.			
GLU			
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Screening Completion Date			
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PHYSICAL EXAMINATION

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☐	☐	☐	Chest/Heart
☐	☐	☐	Lungs
☐	☐	☐	Abdomen
☐	☐	☐	Genitalia
☐	☐	☐	Glands (thyroid)
☐	☐	☐	Skin
☐	☐	☐	Spine
☐	☐	☐	Extremities
☐	☐	☐	Coordination

ASSESSMENT

PLAN

Re/Entry Date:

Date:

Provider

DEVELOPMENT 30 MONTHS
- ☐ Begin Self-dressing with T-shirt
- ☐ Child will imitate words
- ☐ Use of No for expression
- ☐ Can answer the telephone

	Results	Dates	Initials
Ht.inches			
Wt lbs			
Ht.2 (N)			
Wt.2 (N)			
B/P			
Hct.			
Strab.			
Vis. R			
Vis. L			
PT/ R			
PT/L			
Imp. R			
Imp. L			
Lead			
H/LDL			
Chol. T.			
GLU			
TB			
Screening Completion Date			
Rescreen:			

PHYSICAL EXAMINATION

N	A	NE	
☐	☐	☐	Appearance
☐	☐	☐	Head
☐	☐	☐	Nose, Mouth Pharynx
☐	☐	☐	Teeth
☐	☐	☐	Eyes (funduscope)
☐	☐	☐	Ears (tympanic)
☐	☐	☐	Neck
☐	☐	☐	Chest/Heart
☐	☐	☐	Lungs
☐	☐	☐	Abdomen
☐	☐	☐	Genitalia
☐	☐	☐	Glands (thyroid)
☐	☐	☐	Skin
☐	☐	☐	Spine
☐	☐	☐	Extremities
☐	☐	☐	Coordination

ASSESSMENT

PLAN

Re/Entry Date:

Date:

Provider