

**FAMILY MEMBER PROGRAMS FLIGHT
Screening Form**

This form must be completed with DD Form 2606 by all parents seeking care for their child in any of the activities of the Family Member Programs Flight -- Child Development Centers, Family Child Care Program, or School-Age Programs.

Please review the following list. If your child has been identified as having one of these conditions, write "yes" on the line provided.

- ADHD (Attention Deficit Hyperactivity Disorder) _____
- Asthma _____
- Autism _____
- Behavior Disorder (Specify) _____
- Breathing Difficulties _____
- Developmental Delay _____
- Diabetes _____
- Food Allergies _____
- Hearing Impairment _____
- Heart Monitor _____
- Lead Poisoning _____
- Learning Disability _____
- Physical Impairment (Specify) _____
- Seizures _____
- Speech/Language Disorder _____
- Vision Impairment _____
- Other Allergies (Specify) _____
- Other Medical or Mental Conditions (Specify) _____

Child's Name

DOB

Parent/Guardian's Name

Date

<p>SCREENING FORM</p> <p>To be completed with DD Form 2606 by parent/guardian and resource/referral staff. If individual or special need identified, proceed to Form B.</p>
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