



Wakulla County School District
Pre-K Screening Report

Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown
Student Name: _____
Examiner: _____
Date of Birth: _____
Date of Testing: _____

Domain	Raw Score	Cut Score	Pass/Fail
Adaptive			
Personal/Social			
Communication			
Motor			
Cognitive			
Total Screener Score			

Chronological Age: _____

Age Equivalent: _____

Notes: _____

Pass Refer