Reach Dane
Head Start

GROWTH ASSESSMENT ROSTER

Classroom: _____

*Please make sure to have the child take their shoes off.

Name Last / First	Date of Screening	Results		Comments
		Height	Weight	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				