



Miami-Dade County Community Action and Human Services Department
Head Start/Early Head Start Division

Growth Assessment Form

Name of Site:

Classroom:

	Name of Child	Date of Birth	Date of Assessment	September		Date of Assessment	April	
				Height in inches	Weight in pounds		Height in inches	Weight in pounds
1								
2								
3								
4								
5								
6								
7								
8								
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10								
11								
12								
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17								
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