

# EARLY CHILDHOOD SCREENING SUMMARY

**Child's Name:** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**(For office use)** **Interpreter:** Yes \_\_\_ No \_\_\_  
**Child/Student's MARSS ID Number:** \_\_\_\_\_ **Screened in Home Language:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Components	No Concern	Re-screen	Refer	Declined Referral	Comments
<b>Vision</b> <sup>1</sup> History					
Observation					
Visual acuity: R: 10/____ HOTV or LEA L: 10/____					
Uncover Test: Near					
Uncover Test: Distance					
Plus Lens, if age 5 and passed acuity:					
Corneal Light Reflex					
Corrective Lenses: ___Y ___N Date of comprehensive vision exam <sup>3</sup> : _____					
<b>Hearing</b> <sup>1</sup> History Pure tone Audiometry:  500 (25) 1000 (20) 2000 (20) 4000 (20) R: _____ L: _____					<i>Pass = Mark box for each response Missed = Circle all that apply</i>
<b>Development</b> <sup>1,2</sup> <i>Circle Observational tool (required)</i> Brigance II (2010) MPSI-R Bayley III Screener ESI-R (2008) DIAL 4 BDI-2					<b>Development</b> <sup>1,2</sup> <i>Circle Parent Report tool(s)</i> ASQ-3 CHDH (Child Health/ Dev. History)  PEDS
Speech/Language					
Cognitive					
Fine/Gross Motor					
<b>Social/Emotional/Behavior</b> <sup>1,2</sup> <i>Circle Parent Report</i> ASQ-SE PSC ASQ-SE-2					
<b>Physical Growth</b> <sup>1</sup> <b>Height:</b> _____ <b>Weight:</b> _____					
<b>Immunization Review</b> <sup>1</sup> <i>(up to date or need now)</i> <i>Circle the shots that are needed</i>					DTaP Polio MMR Hep A Varicella HIB Hep B
<b>Health care coverage</b> <sup>1</sup>					
Health History					
Well Child Exam					Recommended annually
Dental Exam					Recommended every 6 months

**Early Education Opportunities Discussed / Referred:**  
 \_\_\_ School Readiness/ Pre-kindergarten \_\_\_ Early Childhood Family Ed (ECFE) \_\_\_ Community Pre-kindergarten Program \_\_\_ Head Start  
 \_\_\_ Other \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Screening Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> Minimum requirements for the Early Childhood Screening program (Minnesota Statutes, section 121A.17, subdivision 3).  
<sup>2</sup> The developmental screening program must include both a parent report of the child's history in skill development, emotional status, and behavior status and a direct observation of child's functioning using standardized developmental screening instruments approved by the MDE for Early Childhood Screening program (Minnesota Rule 3530, 3400 Subpart 3.)  
<sup>3</sup> Effective July 1, 2015, Early Childhood Screening Programs are required to record the date of the child's most recent comprehensive vision exam, if the child received one. The vision exam is performed by an optometrist or ophthalmologist.