

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number **501.3.3P** Adopted **April 1994** Revised **May 2016**

Title **Early Childhood Screening Summary**



Early Childhood Screening

District Service Center
14445 Diamond Path West
Rosemount, MN 55068
651-423-7899

Date Screened _____
Child's Name _____
Birthdate _____ / _____ / _____ (last) (first) (M.I.)
Gender _____ CA _____
Parent(s) Name _____
Address _____
Phone (_____) _____ School _____ K' Yr _____

SCREENING SUMMARY

I. ESI-R Developmental Tool

	Score	OK	Not in Norm	New Concern
ESI-P/K	_____	_____	_____	_____
SPEECH	_____	_____	_____	_____
ASQ-SE	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
PARENT NEEDS AN INTERPRETER			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Best day/time/# to reach parent: _____				
E-mail address: _____				

Screening:

Signature of Nurse

Signature of Dev. Screener

Signature of Parent/Guardian

Parental consent form signed: I ____ II ____

II. Health Record

Height _____ (%ile) _____
Weight _____ (%ile) _____
Immunizations:
Current Information Given
Vision: HOTV _____
Acuity: R 10/ _____
L 10/ _____
Glasses: _____
Muscle balance: _____
Observation: _____ N _____ F _____
Eye doctor exam: _____
Hearing:

Level	25	20	20	20	
Freq.	500	1K	2K	4K	P/R
Right					
Left					

III. Family Factors and Health History

Reviewed _____
Access to health care? _____
Participation in: Preschool
 Head Start Daycare ECFE
 Other _____
 Preschool Name: _____

FOLLOW-UP INFORMATION

Referral to: ECSE evaluation Speech assessment Connections Preschool School psychologist ECFE
 Preschool letter Head Start Family School Adult Basic Education Parent Questionnaire
 Physician Vision Hearing recheck Health ELL Assessment
 Public Health Nursing Dentist Other: _____

Circle: Action to be taken / call back / recommendations / numbers / resource / handouts / follow-up dates:

Results: Circle: Finding confirmed / placed in special education / resolved by medical intervention / resolved other

***Follow-up attempts:**
 Phone call _____ (date) Comments: _____
 Phone call _____ (date) _____

Follow-up Signatures

First Follow-up Contact

Second Follow-up Contact