

**SUMMARY  
CHILD HEALTH AND DEVELOPMENTAL SCREENING**

Child's Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

(For office use)

Child/Student's MARSS ID Record Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Components	Findings	Comments/Concerns
<b>Vision</b> <sup>1</sup> History Observation/Muscle Balance Tests Red Reflex Visual Acuity Screen	<b>Acuity: R10/____ L 10/____</b>	
<b>Hearing</b> <sup>1</sup> History, review risk factors Manual Puretone Audiometry	<b>R _____ L _____</b>  No Concerns      Referral  Follow-up          Rescreen	
<b>Developmental</b> <sup>1,2</sup> Speech/language Fine Motor Gross Motor Psycho/Social	No Concerns      Referral  Follow-up          Rescreen	
<b>Observed Instrument</b> Brigance Dial 4 ESI-R First STEP <sup>3</sup> ESP <sup>3</sup> MPSI-R BDI-2	No Concerns      Referral  Follow-up          Rescreen	
<b>Parent Report</b> ASQ ASQ-SE CDR PEDS CHDH	No Concerns      Referral  Follow-up          Rescreen	
<b>Health History</b>	Referral          Follow-up	
<b>Physical Growth</b> <sup>1</sup>	HT. _____ % Wt. _____ % Referral          Follow-up	
<b>Physical Exam (complete including blood pressure)</b>	No Concerns      Referral  Follow-up	
<b>Immunizations/Review</b> <sup>1</sup>	Up-to-date (current)      Exemptions Referral (needs immunizations)	
<b>Lab Tests</b> High Lead Urine Other	Normal Referral          Follow-up	
<b>Family Factors/Anticipatory Guidance</b>	Referral          Follow-up	
<b>Dental last visit</b>	Referral	
<b>Health care coverage</b>	Covered          Referral	

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

<sup>1</sup> Minimum requirement 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 a 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> This instrument is no longer an approved instrument for use in Minnesota's Early Childhood Screening Program. Programs using these screening instruments must transition to using an approved screening instrument by January 2016.