SUMMARY

CHILD HEALTH & DEVELOPMENTAL SCREENING

Child's Name	☐ Male ☐ Female	Birth Date	Age	*(For office use)* *Child'/Student's MARSS ID or Record No*_____
Parent's Name		Phone (include area code)		
Address	City		Zip	

√	Components	Findings	Comments/Concerns
	Vision[1] ☐ History ☐ Observation/Muscle Balance Tests ☐ Red Reflex ☐ Visual Acuity Screen	Acuity: R10/_____ L 10/_____ ☐ Referral ☐ Follow-up	
	Hearing[1] ☐ History, review risk factors ☐ Manual Puretone Audiometry	R_____ L _____ ☐ Normal ☐ Rescreen ☐ Referral ☐ Follow-up	
	Development:[1,2] ☐ Speech/Language ☐ Fine Motor ☐ Gross Motor ☐ Psycho/Social	☐ No concerns ☐ Referral ☐ Follow-up ☐ Rescreen	
	Observed Instrument[2]: ☐ Brigance ☐ Dial 3 ☐ ESI-R ☐ FirstSTEP ☐ ESP ☐ MPSI-R Parent Report[2]: ☐ ASQ ☐ ASQ-SE ☐ CDR ☐ PEDS ☐ CHDH		
	Health History	☐ Referral ☐ Follow-up	
	Physical Growth[1]	Ht._____ _____% Wt._____ _____% ☐ Referral ☐ Follow-up	
	Physical Exam (complete including blood pressure)	☐ No concerns ☐ Referral ☐ Follow-up	
	Immunizations/review[1]	☐ Up-to-date (current) ☐ Referral (needs immunizations) ☐ Exemption	
	Lab Tests ☐ Hgb ☐ Lead ☐ Urine ☐ Other	☐ Normal ☐ Referral ☐ Follow-up	
	Family Factors/Anticipatory Guidance	☐ Referral ☐ Follow-up	
	Dental last visit: _____ / _____/_____	☐ Referral	
	Health Care Coverage[1]	☐ Covered ☐ Referral	
	Additional screening tools used:		

Parent/Guardian Signature Date	Screening Provider Signature Date	Screening Provider Signature Date

[1] Minimum requirements for the Early Childhood Screening program (Minnesota Statutes § 121A.17, Subdivision 3)

[2] 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 the Early Childhood Screening program (Minnesota Rule 3530.3400, Subpart 3)