

# Early Childhood Screening Summary

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Interpreter: Yes \_\_\_ No \_\_\_

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

Screened in Home Language: \_\_\_\_\_

Components	No Concern	Re-screen	Refer	Declined Referral	Comments
<b>Vision <sup>1</sup></b>					
History					
Observation					
Visual acuity: R: 10/____ HOTV or LEA L: 10/____					
Cover Test: Near					
Cover Test: Distance					
Plus Lens, if age 5 and passed acuity:					
Corneal Light Reflex					
Corrective Lenses: ___Y ___N Comprehensive vision exam date, if known: <sup>3</sup> _____					
<b>Hearing <sup>1</sup></b>					
History					
External inspection					
Pure tone Audiometry: 500 (25) 1000 (20) 2000 (20) 4000 (20) R: _____ L: _____					Pass = Mark box for each response Missed = Circle all that apply
<b>Development <sup>1,2</sup></b> <i>Circle Observational tool</i>					Development <sup>1,2</sup> <i>optional, circle parent report tool</i>
Brigance III MPSI-R					
DIAL 4 BDI-3					ASQ-3 PEDS
Speech/Language					
Cognitive					
Fine/Gross Motor					
<b>Social/Emotional/Behavior<sup>1,2</sup></b> <i>Circle Parent Report</i>					
PSC ASQ-SE-2					
<b>Physical Growth <sup>1</sup></b> Height: _____ Weight: _____					
<b>Immunization Review <sup>1</sup></b> <i>(up to date or need now)</i> <b>Circle the shots that are needed</b>					DTaP Polio MMR Hep A Varicella HIB Hep B
<b>Health care coverage <sup>1</sup></b>					
<b>Factors which may impact learning <sup>1</sup></b> <i>Circle tool</i> Child Health/ Developmental History Other					
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 \_\_\_\_\_   
  Early Learning Scholarships for Child Care   
  Home Visiting (Public Health)

Notes:

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Parent/Guardian name and 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> Screening 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 (Minnesota Rule 3530, 3400 Subpart 3.) Families with immunocompromised or other health concerns may request a virtual screening with parent report developmental tools. (Minnesota Statutes 121A.17 subdivision 3, beginning 7/1/2023).  
<sup>3</sup> 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.