

Early Childhood Education Outcomes Screening Report Data Entry Template

Landing page opens May 1 each year and closes September 30.

[Early Childhood Education Outcomes](#): This page has the link to data entry with examples below as well as a 'worksheet' describing in more detail what is being asked for each of the data entry questions.

Note: While doing data entry be sure to click 'save' on page 4 if you are stepping away or pausing activity in the data entry system. If you do not click save the data may be lost due to a security feature of MDE.

When you have completed data entry, be sure to click buttons on page 4 from left to right in order to submit to MDE and have your superintendent sign the statement of assurances to verify the data.

Screening Links	Early Childhood Education (ECE) Outcomes Data Submission			
Home				
Screening Submission	Screening Data Submission			
Change Login District	Albany Public School District 0745-01			
Contact Us	2025-2026 School Year			
E-mail: mde.els@state.mn.us	Screening Referrals are reported to the Department of Education in a submission period between 03/02/2026 and 08/31/2026.			
Phone: 651-582-8584	Submission Due Date: 07/15/2026			
Address: 400 NE Stinson Blvd., Minneapolis, MN 55413	Progress Indicator	Task Description	Action	Results
	Incomplete	1. Screening Data Entry Status	Enter Screening Data	Date submitted:
	Incomplete	2. Send Report to get approval	Preview PDF Send Report to Approver	Date sent:
	Incomplete	3. Screening Report Approval		Accepted by: Accepted Date:
	Incomplete	Overall Screening Status		

Early Childhood Education (ECE) Outcomes Data Submission

Screening Data Submission

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1. Total children screened by the public school or a contract			
<i>Note: Public facing reports will only show MARSS totals.</i>			
2. Sensory Outcomes		Vision	Hearing
a. Total children with previously known vision or hearing concerns (glasses, eye patch, etc)			
b. Total children with new vision or hearing concerns			
c. Total children with referrals for vision or hearing - Referrals made to medical, ECSE or both			
d. Total children with referrals confirmed for vision or hearing - Concerns confirmed by physician and plan to receive/ receiving medical services and/or special education			
		Age 3	Age 4
		Age 5	Age 6
		Age 7	Total all ages
e. Comprehensive vision exam by an optometrist / ophthalmologist, if done. (Per parent report)			
3. Developmental Screening Outcomes and Instruments used		Speech/ Language	Cognitive
		Fine/Gross Motor	Social Emotional
a. Total children with previously known developmental concerns			
b. Total children with new developmental concerns			
c. Total children with referrals for development - Referrals made to medical, ECSE, or mental health			
d. Total children with referrals confirmed for development - Concerns confirmed and plan to receive/ receiving medical and/or special education and/or mental health services.			
Screening Instruments used			
e. Required Screening instrument for observation of child's development		Choose One	
If a second tool is used select it here		Choose One	
f. Required Screening instrument for parent report of child's social emotional development		Choose One	
g. Optional Screening instrument for parent report of child's development: * if used		Choose One	
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4. Growth: Height and Weight		Growth: Height and Weight	
a. Total children with previously known height and weight concerns			
b. Total children with new height and weight concerns			
c. Total children with Referrals for growth - Referrals made to medical			
d. Total children with referrals confirmed for growth - Concerns confirmed and plan to receive/ receiving medical services			
5. Health concerns (conditions requiring diagnosis/treatment, for example asthma, allergies, diabetes, seizures, head injuries, etc) and lack of health care coverage		Health concerns	
a. Total children with previously known health concerns			
b. Total children with new health concerns			
c. Total children with Referrals for health concerns- Referrals made to medical, special education or both			
d. Total children with referrals confirmed for health concerns - Concerns confirmed and plan to receive/ receiving medical and/or special education			
e. Total children with referrals made for Lack of Health Care Coverage (no provider)			
6. Immunization Review		Immunization review	
Total children with referrals for immunizations - Referrals made for immunizations to medical			
7. Total children with a new concern of any type		Total children with any new concern	
Total children screened who had a new health or developmental concern of any type			
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8. Referrals due to risk factors that may influence learning (estimated Early Education referral by type)					
	Early Childhood Family Education	District prekindergarten program	Head Start	Adult Basic Education, family literacy	Other
a. Total children with referrals made to early education					
b. Tool used to identify risk factors that may influence learning	Choose One				
9. District screening of Dual Language Learners				Dual Language Learners	
a. District has bilingual staff for screening				☐ Yes ☐ No	
b. District has or hires interpreters if no bilingual staff available				☐ Yes ☐ No	
c. Total number of children screened who used Interpreters					
10. Collaborated to provide screenings with any of the following:				Collaborations	
a. Head Start				☐ Yes ☐ No	
b. Health Providers				☐ Yes ☐ No	
c. Child and Teen Checkups (EPSDT)				☐ Yes ☐ No	
d. Other				☐ Yes ☐ No	
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11. What best practices is your screening program currently doing, planning to do next year, or not doing?		Best Practices	
a. Outreach strategies and family engagement		☐ Yes ☐ Planning ☐ No	
b. Cultural and linguistic responsiveness		☐ Yes ☐ Planning ☐ No	
c. Hire bilingual staff and/or interpreters		☐ Yes ☐ Planning ☐ No	
d. Offer new screening locations to improve access		☐ Yes ☐ Planning ☐ No	
e. Offer new screening hours, week end or evening times to improve access		☐ Yes ☐ Planning ☐ No	
f. Use community-based screening strategies		☐ Yes ☐ Planning ☐ No	
g. Parental guidance / health promotion		☐ Yes ☐ Planning ☐ No	
h. Follow up: documenting and confirm findings		☐ Yes ☐ Planning ☐ No	
i. Linkages with other early childhood programs		☐ Yes ☐ Planning ☐ No	
j. Our district/charter collects parent feedback for screening program improvements		☐ Yes ☐ Planning ☐ No	
12. Estimated Screening Program Costs for required components			
Estimated MARSS screening state aid to be provided to district, see district MARSS report: MARSS Aid Entitlement Report \$			
If you don't see an Entitlement Report, it might indicate that your MARSS coordinator has not entered screening data (MARSS PS records) for state aid.			
For total program cost including funds transferred from General Funds following School Board Transfer through Statutes 121A.19 , or non-district contributions such as grants, Local Time Study Collaborative, or in-kind support or volunteers, please use UFARS (Unified Financial Accounting Reporting System).			
13. Name the biggest challenge your district had in implementing the program to the fullest extent.			Choose One
Note: Click Save to keep partially completed entries, click Validate and Submit to validate your data is all complete.			
Previous Save Validate & Submit Send Report to Approver			

- Note the data entry page will show question 12 as 'Estimate State Aid' in the title instead of estimated screening program costs for required components.