DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

Early Childhood Outcomes Screening Report Worksheet

Updated 8/11/2026

The report reflects outcomes known for children screened by school districts and the charter schools who elect to provide a screening program through their Authorizer and the Minnesota Department of Children, Youth, and Families. The report is a snapshot of outcomes as screening and follow-up is ongoing. The data include screenings completed between July 1 and June 30 of the school year. The screening report and plan are required for final state aid payments, per Minnesota Rule 3530.3200.

1. Total number of children screened by the public school or a contract

Use the MARSS aid entitlement report to confirm with your MARSS Coordinator that all of the children screened have been assigned a MARSS PS record. The final deadline for MARSS is October 1 or first week of October, following the screening year. Include children screened by: the public school, through a contract by the public school, Head Start, Child and Teen CheckUps, public health or clinics, or those whose parents have conscientiously objected. To view the report, select the following from the drop-down menu: your school, aid entitlement reports, year, and early childhood screening reports and aid entitlement. If there is no report then speak with your MARSS Coordinator who would need to submit the data to the Minnesota Department of Education (MDE) in order for it to appear.

2. Sensory screening outcomes

Previously known potential concern: Number of children with vision or hearing conditions or diagnoses reported by parent.

New potential concern: Number of children needing referrals.

Referrals: Number of children who had referrals made for possible vision or hearing concerns.

Referrals confirmed: Confirmation of a concern by a parent or a health provider following a referral. For example, a diagnosis of an eye or ear condition, glasses prescribed, eye drops, eye patch, hearing aids, impacted cerumen (ear wax) removal, tympanostomy tubes or myringotomy, or other conditions. The child has connected with a health care provider and the condition may or may not be resolved.

List the number of children who received a comprehensive vision exam by age 3, 4, 5, 6, or 7. The total will auto-calculate. Record the total number of parents who, at the time of screening, report their child has ever had a comprehensive vision exam completed by an optometrist or an ophthalmologist.

3. Developmental Screening outcomes

Previously known potential concern: Number of children with developmental conditions or diagnoses reported by parent.

New Potential Concern: Number of children needing referrals.

Referrals: Number of children who had referrals made for possible developmental concerns.

Referrals confirmed: Confirmation of a speech language, cognitive, fine/gross motor or social/emotional concern by parent report (following a visit to a health care/mental health provider), or special education. The child may or may not be receiving special education at time of report, but could have had an evaluation.

Select developmental screening instrument from the drop down menu. Select a second instrument if used (optional). Select a social emotional instrument. Select a parent report developmental screening instrument, if used (optional). Note virtual screenings provided based on family request for health or immunocompromised health concern require parent report instruments for both general and social emotional development.

4. Growth screening outcomes

Previously known potential concern: Number of children with height or weight concerns or diagnoses reported by parent.

New potential concern: Number of children needing referrals.

Referrals: Number of children who had referrals made for possible height or weight concerns (under 5th percentile or over 85th percentile).

Referrals confirmed: Growth concerns confirmed by parent or a health care provider.

5. Health concerns and lack of health care coverage

Previously known potential concern: Number of children with health concerns or diagnoses reported by parent including asthma, allergies, anaphylaxis, diabetes, seizures, etc.

New potential concern: Number of children needing referrals.

Referrals: Number of children who had referrals made for potential health concerns. This does not include routine referrals for well child visits (every year) or routine dental referrals (every 6 months) when no concerns. Lack of health care coverage: Total number of referrals made for a child who does not have a health care provider. (Could include referrals for health care insurance also).

Referrals confirmed: Health concerns confirmed by parent or a health care provider.

6. Total number of referrals made for immunizations

Report referrals made for children lacking immunizations for age at time of screening. The Minnesota Department of Health posts immunization data annually by county, district and school, thus MDE no longer collects data on follow-up of referrals.

7. Total estimated number of children with a new health or developmental concern of any type

Large districts will need to use a spreadsheet or data system to calculate the total number of children with a new health or developmental referral of any type. Only count a child once even if they have more than one new potential health or developmental concern.

8. Number of referrals due to risk factors that may influence learning

List the total number of referrals for various early education, adult basic education, literacy or other referrals as a result of risk factors that may influence learning. Note, one child may have more than one early learning referral. Indicate if a tool was used: select either: “Child Health and Developmental History,” or “other”.

9. Screening of dual language learners

Select yes or no if the public school has bilingual staff for screening. Select yes or no if the public school has or hires interpreters for screening. Record the number of children receiving interpreter services during screening.

10. Collaborations/coordinated screening

Note if the public school collaborates to provide screening with Head Start, Health Care Providers, Child and Teen Checkups, public health, WIC, or others. Coordination examples are below.

- Screening at these community partner locations or in conjunction with others.
- Sharing copies of screenings done by other providers with districts (with parent release of information).
- Advertising by clinics/Head Start of dates of upcoming district screenings in the community.
- Scheduling/coordinating screening dates within the 45 calendar days needed for Head Start each fall.
- Clinic/district partnership to ‘Close the Loop’ whereby clinics automatically refer to ECS at 3rd birthday.
- Districts share screening results with primary health care provider (with release of information).

11. Best practices program is doing, planning to do next year, or not doing

Mark yes, planning to change, or no to indicate best practices, or plans to continually improve the program.

- Outreach (in-reach) strategies and family engagement.

- Cultural and linguistic responsiveness: Assure staff has training in cultural and linguistic responsiveness.
- Hire bilingual staff and /or interpreters: Consider partnerships with clinics, Head Start, public health or others to provide these services if public school is unable to hire bilingual staff or interpreters.
- Offer new screening locations to improve access: libraries, public housing or community centers.
- Offer new screening hours, weekend, evenings, summer: Offer screening times convenient for families.
- Use community-based strategies: Partner with ethnic/racial or cultural non-profits who already have relationships with the families.
- Parental guidance / health promotion: Assure program provides anticipatory guidance on child development and health, such as providing information on the Early Childhood Indicators of Progress and the Centers for Disease Control Milestone Tracker app in English or Spanish.
- Follow-up: document and confirm findings: At least 2 attempts are made to reach family on referrals.
- Linkages with other early childhood programs: Make active referrals by offering to make calls to refer while family is present, warm hand offs are made by introducing family to program and enrollment staff.
- District uses a screening parent satisfaction survey to collect feedback for program improvement.

12. Estimated MARSS state aid

Click the MARSS Aid Entitlement Report. Select the following drop down menus: your school, aid entitlement reports, year, and early childhood screening reports and aid entitlement to view your report.

Enter the estimated state aid to be provided to your district. If this amount is not correct, or has not yet been entered by the MARSS coordinator, please speak with your MARSS coordinator about assigning MARSS PS.

In order to meet the ECEO screening report deadline of 9/30, if the link above does not show a report you may calculate the estimate yourself, based on total number screened by age prior to kindergarten: 3 years = $98, 4 years = $65, 5 or 6 years = $52. Plus the total number of kindergartners screened within the first 30 days of attending (who have not been screened before and are between ages 4 - 7 years = $39). Other estimated revenue such as General Fund transfer (through annual school board decisions to meet the need of the screening program per Minnesota Statutes 142D.093), expenditures or in-kind support are reported in your district Unified Financial Accounting Reporting System (UFARS), instead of this ECEO screening report. Speak with your early learning coordinator and/or district business manager about the screening related data for the annual UFARS report.

13. Name the biggest challenge your public school had in implementing the program to the fullest extent

Choose one: Lack of funding, lack of qualified staff, lack of space, all of the above, or other. If you select ‘other’ please enter more information in the text box provided.

Submitting Report

Be sure to click ‘save’ if you need to leave the page and finish entering data later.

Note: If you pause data entry or step away for more than 30 minutes data may be lost. Therefore always click ‘save’ on page 4 if you plan to pause data entry.

When you have completed your data entry:

1. Click ‘save’
2. Click validate and send to MDE
3. Click send to superintendent (approver) to sign

All of these steps are required in order to complete the report.