

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number **501.3.4P** Adopted **April 1994** Revised **June 2019**

Title **Early Childhood Physician's Summary**

Child's Name _____ Screening Date: _____ Month _____ Day _____ Year _____
Birthdate: _____ Month _____ Day _____ Year _____
Age: _____ Years _____ Months _____

Components	Findings	OK	Rescreen	Screener's
		Refer		Initials

Physical Assessment* Last well-child visit
_____/_____/_____

Laboratory Tests* Hbg/Hct _____ Urine _____ Lead _____

Dental Inspection Last dental visit
_____/_____/_____

Health History/Current Status*

Past health history _____
Present health history _____
Health behaviors/practices _____

Nutrition Assessment

Growth* Height _____ (_____%tile) Weight _____ (_____%tile)

Immunization Review

Vision

Observation _____	Acuity	R 10/_____	L 10/_____
Muscle balance _____	Rescreen	R 10/_____	L 10/_____

Hearing	Screen	R _____	L _____
	Rescreen	R _____	L _____

Name of Standardized Developmental Tool: _____	Within limits	Not in norm
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Cognitive _____	Within limits	Not in norm
Fine motor _____		
Gross motor _____		
Speech & language _____		
Social-emotional _____		

Parent Report of Development

Family Factors

Home, child care _____
Access to health care _____
Family members _____
Resources and needs _____

Summary (The child's strengths and needs may be recorded here.)

Priorities

Referrals & Resources

Timeline

Dental:

Immunizations:

Refer for Initial Visit

_____ Given on site

_____ Referred

Signature of parent

Signature of summary interviewer/position

Date

Telephone number

Comments:

Please return to:

Early Education Experiences:

Early Childhood Screening
Independent School District 196
District Service Center
14301 Diamond Path
Apple Valley, MN 55124

*Review of information from
physician/health care provided.

Copies Distributed to:

_____ Parent

_____ Health care provider (with consent)

_____ School district pupil health record (with consent)

Procedures/501.3.4P/6-27-19