



Title **Early Childhood Screening Summary**

Early Childhood Screening Date Screened _____
 District Service Center - Door #1
 14301 Diamond Path
 Apple Valley, Mn 55124
 Phone: 651-423-7899
 Fax: 651-423-0691
 ecscreening@district196.org

Child's Name _____ (last) _____ (first) _____ (M.I.)
 Birthdate ____/____/____ Gender ____ CA ____
Mo. Day Yr.
 Parent(s) Name _____
 Address _____
 Phone (____) _____ School _____ K' Yr _____

SCREENING SUMMARY

I. Minneapolis Preschool Screening Instrument — Revised (MPSI-R)

Score No Concern Rescreen Refer

MPSI-R _____

SPEECH _____

SOCIAL EMOTIONAL BEHAVIOR RATING SCALE

Score: _____

DECLINED INTERPRETER

INTERPRETER PARENT YES NO

CHILD YES NO

NONE NEEDED

INTERPRETER ACCESSED: _____

Best day/time/# to reach parent: _____

Screening:

Signature of Early Childhood Screener

Signature of Parent/Guardian

Parental consent form signed: I ____ II ____ Proof of Name/Age _____

II. Health

Height _____ (_____%ile)
 Weight _____ (_____%ile)

Dental

Under Care Care recommended

Immunizations:

Current Information Given CO/ME

Insurance: Yes Information Given

Vision Assessment:

Acuity: R 10/ _____
 per HOTV L 10/ _____
 Pass Refer

Vision Screened
 Per SPOT Screener
 Pass Refer

Corrective Lenses: Yes No
 Comprehensive eye exam date _____

Hearing:

Freq.	500(25)	1K(20)	2K(20)	4K(20)
Right				
Left				

Pass Rescreen Refer

Health Alert:

III. Experience

Head Start None ECFE Daycare

Preschool Name: _____

FOLLOW-UP INFORMATION

- Referral to:** ECSE evaluation Speech assessment Connections Preschool School Psychologist ECFE
 Preschool letter Head Start Family School Adult Basic Education Observation
 Physician Vision/Hearing Hearing Rescreen
 Other: _____

Circle: Action to be taken / call back / recommendations / numbers / resource / handouts / follow-up dates:

Results: Circle: Finding confirmed / placed in special education / resolved by medical intervention / resolved other

*Follow-up attempts:

Phone call _____ (date) Comments: _____
 Phone call _____ (date)