

Child's Screening and Health Results

Screening must be completed within 45 days of enrollment

Child's Name: _____

Date of Birth: _____

Class #: _____

Age of child: _____

Teacher: _____

Teacher to complete:

Returning: _____

Denver II

Date: _____ Results: _____ Passed (normal) _____ Suspect (failed) _____ Untestable

If Suspect (failed) or Untestable, rescreen in 1-2 weeks.

Date: _____ Results: _____ Passed (normal) _____ Refer

Behavior

Date: _____ Results: _____ Passed _____ Failed
Follow-up date _____

If Suspect (failed) or Untestable, rescreen in 1-2 weeks.

Date: _____ Results: _____ Passed _____ DECA

Hearing (EHS only)

Date: _____ Results: _____ Passed _____ Failed
Follow-up date _____

Vision (EHS only)

Date: _____ Results: _____ Passed _____ Failed
Follow-up date _____

CM signature

Date

- Instructions:**
1. Teaching Staff complete and give to Center Manager.
 2. Center Manager enters information in ChildPlus.
 3. Center Manager signs and returns to Teaching Staff to file in child's Red Health Folder.