

BEST IN CLASS Child Health Screening Summary

| Program Name: | Best in Class Teacher: | |
|--|---|--|
| Child's Name: | STARS State ID (for program use only) | |
| Vision | Hearing | Dental |
| Date: | Date: | Date: |
| Results: | Results: | Results: |
| Left: ☐ Pass ☐ Did Not Pass | Left: ☐ Pass ☐ Did Not Pass | ☐ Normal Screening/ No |
| Right: Pass Did Not Pass | Right: 🗆 Pass 🗅 Did Not Pass | Concerns |
| Eye exam recommended | ☐ Rescreen recommended | ☐ Dental exam recommended |
| Comments: | Comments: | Comments: |
| | | |
| | | |
| | | |
| Child missed screening due to: | Child missed screening due to: | Child missed screening due to: |
| ☐ Absent | ☐ Absent | ☐ Absent |
| ☐ Parent permission denied | ☐ Parent permission denied | ☐ Parent permission denied |
| ☐ Child non-cooperative | ☐ Child non-cooperative | ☐ Child non-cooperative |
| ☐ Enrolled after screening | ☐ Enrolled after screening | ☐ Enrolled after screening |
| Screener Signature/ Date | Screener Signature/ Date | Screener Signature/ Date |
| | | |
| | | |
| Guardian Signature (after | Guardian Signature (after | Guardian Signature (after |
| review) | review) | review) |
| | | |
| | | |
| | | |
| | | |
| Physical | - | ntal Screening |
| Date: | Date: | - |
| Date: Results: | Date: Screening Tool Used: | - |
| Date:Results: Height: | Date: Screening Tool Used: Results: | |
| Date: Results: Height: Weight: | Date: Screening Tool Used: Results: Development appears on sch | edule |
| Date: Results: Height: Weight: Body Mass Index (BMI): | Date: Screening Tool Used: Results: Development appears on sch Provide learning activities & r | nedule monitor |
| Date: Results: Height: Weight: Body Mass Index (BMI): Blood Pressure: | Date: Screening Tool Used: Results: □ Development appears on sch □ Provide learning activities & r □ Further assessment with profe | nedule monitor |
| Date: Results: Height: Weight: Body Mass Index (BMI): | Date: Screening Tool Used: Results: Development appears on sch Provide learning activities & I Further assessment with profi | nedule monitor |
| Date: Results: Height: Weight: Body Mass Index (BMI): Blood Pressure: | Date: Screening Tool Used: Results: Development appears on sch Provide learning activities & I Further assessment with profice Child on existing IEP Comments: | edule monitor essional may be needed |
| Date: Results: Height: Weight: Body Mass Index (BMI): Blood Pressure: Comments: | Date: Screening Tool Used: Results: Development appears on sch Provide learning activities & r Further assessment with profice Child on existing IEP Comments: | edule monitor essional may be needed |
| Date: Results: Height: Weight: Body Mass Index (BMI): Blood Pressure: Comments: Child missed screening due to: | Date: Screening Tool Used: Results: Development appears on sch Provide learning activities & I Further assessment with profice Child on existing IEP Comments: | edule monitor essional may be needed |
| Date: Results: Height: Weight: Body Mass Index (BMI): Blood Pressure: Comments: Child missed screening due to: □ Absent | Date: Screening Tool Used: Results: Development appears on sch Provide learning activities & I Further assessment with profice Child on existing IEP Comments: | edule monitor essional may be needed |
| Date: Results: Height: Weight: Body Mass Index (BMI): Blood Pressure: Comments: Child missed screening due to: Absent Parent permission denied | Date: Screening Tool Used: Results: Development appears on sch Provide learning activities & r Further assessment with profice Child on existing IEP Comments: Child missed screening due to: | edule monitor essional may be needed |
| Date: Results: Height: Weight: Body Mass Index (BMI): Blood Pressure: Comments: Child missed screening due to: □ Absent □ Parent permission denied □ Child non-cooperative | Date: Screening Tool Used: Results: Development appears on sch Provide learning activities & r Further assessment with profice Child on existing IEP Comments: Child missed screening due to: Absent | edule monitor essional may be needed |
| Date: Results: Height: Weight: Body Mass Index (BMI): Blood Pressure: Comments: Child missed screening due to: Absent Parent permission denied Child non-cooperative Enrolled after screening | Date: Screening Tool Used: Results: Development appears on sch Provide learning activities & I Further assessment with profice Child on existing IEP Comments: Child missed screening due to: Absent Parent permission denied | edule monitor essional may be needed |
| Date: Results: Height: Weight: Body Mass Index (BMI): Blood Pressure: Comments: Child missed screening due to: □ Absent □ Parent permission denied □ Child non-cooperative | Date: Screening Tool Used: Results: Development appears on sch Provide learning activities & r Further assessment with profice Child on existing IEP Comments: Child missed screening due to: Absent Parent permission denied Child non-cooperative | edule monitor essional may be needed |
| Date: Results: Height: Weight: Body Mass Index (BMI): Blood Pressure: Comments: Child missed screening due to: Absent Parent permission denied Child non-cooperative Enrolled after screening | Date: Screening Tool Used: Results: Development appears on sch Provide learning activities & I Further assessment with proficion Child on existing IEP Comments: Child missed screening due to: Absent Parent permission denied Child non-cooperative Enrolled after screening | edule monitor essional may be needed |
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| Date: Results: Height: Weight: Body Mass Index (BMI): Blood Pressure: Comments: Child missed screening due to: Absent Parent permission denied Child non-cooperative Enrolled after screening | Date: Screening Tool Used: Results: Development appears on sch Provide learning activities & r Further assessment with proficion Child on existing IEP Comments: Child missed screening due to: Absent Parent permission denied Child non-cooperative Enrolled after screening Screener Signature/ Date | edule monitor essional may be needed |
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