



Head Start Screening Results



Program: _____

Child's Name: _____

Child's DOB: _____

Staff initials verify that the parent has been notified (a copy sent home) about screening results within 10 days of the date completed.

Brigrance: Self-Help & Social Emotional (Teacher Report):

Self-Help

Social Emotional

Below Average Average Above Average

Below Average Average Above Average

Screening Completion Date: _____

Staff Initials: _____

Initial Screening

Rescreen

NOTE: In the "Cognitive, Motor & Language" section, your child may have an overall score of "average" but may be rescreened in one or more areas due to a "below average" score in a specific category.

Brigrance: (Cognitive, Motor, Language)

Initial Screen: Overall Score

Above Average Below Average
 Average CNT (Could Not Test)

Screening Completion Date: _____

Staff Initials: _____

Brigrance Rescreen: within 30 days if initial screen is "Below" or "CNT"

Cognitive: Above Average Below Average
 Average CNT (Could Not Test)

Motor: Above Average Below Average
 Average CNT (Could Not Test)

Screening Completion Date: _____

Staff Initials: _____

Speech:

(Tool Used)

Pass Potential Delay/Fail CNT (Could Not Test)

Screening Completion Date: _____

Staff Initials: _____

Speech Rescreen:

(Tool Used)

Pass Potential Delay/Fail CNT (Could Not Test)

Screening Completion Date: _____

Staff Initials: _____

Hearing:

Screener Signature: _____

Frequency	1000Hz	2000Hz	4000Hz
Left			
Right			

Pass Fail CNT (Could Not Test)

Screening Completion Date: _____

Staff Initials: _____

Hearing Rescreen: within 30 days if initial screen is "Below" or "CNT"

Screener Signature: _____

Frequency	1000Hz	2000Hz	4000Hz
Left			
Right			

Pass Fail CNT (Could Not Test)

Refer for further testing

Screening Completion Date: _____

Staff Initials: _____

Vision:

Screener Signature: _____

Spot Camera	<input type="checkbox"/>
Sight Line Flipchart	<input type="checkbox"/>

Pass Fail CNT (Could Not Test)

Screening Completion Date: _____

Staff Initials: _____

Vision Rescreen:

Screener Signature: _____

Spot Camera	<input type="checkbox"/>
Sight Line Flipchart	<input type="checkbox"/>

Pass Fail CNT (Could Not Test)

Refer for further testing

Screening Completion Date: _____

Staff Initials: _____