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 **April 2009**

Title **Early Childhood Physician's Summary**

Child's Name________________________

Screening Date: _______ Month _______ Day _______ Year
Birthdate: _______ Month _______ Day _______ Year
Age: _______ Years _______ Months

Components	Findings	OK	Refer	Rescreen	Screener's 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
Cognitive ________________	☐	☐
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 ________________________

- over -

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

Priorities	**Referrals & Resources**	**Timeline**

Dental: Refer for Initial Visit
Immunizations: _______ Given on site _______ Referred

________________________ Signature of parent
________________________ Signature of summary interviewer/position
________________________ Date
________________________ Telephone number

Comments:

Early Education Experiences:

Please return to:

Early Childhood Screening
Independent School District 196
District Service Center
14445 Diamond Path West
Rosemount, MN 55068

*Review of information from physician/health care provided.

Copies Distributed to:
__________ Parent
__________ Health care provider (with consent)
__________ School district pupil health record (with consent)