

**BEST IN CLASS**  
**Child Health Screening Summary**

Program Name: \_\_\_\_\_ Best in Class Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ STARS State ID (for program use only) \_\_\_\_\_

<p style="text-align: center;"><b>Vision</b></p> <p>Date: _____</p> <p style="text-align: center;">Results:</p> <p>Left: <input type="checkbox"/> Pass <input type="checkbox"/> Did Not Pass Right: <input type="checkbox"/> Pass <input type="checkbox"/> Did Not Pass <input type="checkbox"/> Eye exam recommended Comments: _____ _____</p> <p>Child missed screening due to: <input type="checkbox"/> Absent <input type="checkbox"/> Parent permission denied <input type="checkbox"/> Child non-cooperative <input type="checkbox"/> Enrolled after screening <b>Screener Signature/ Date</b> _____</p> <p><b>Guardian Signature</b> (after review) _____</p>	<p style="text-align: center;"><b>Hearing</b></p> <p>Date: _____</p> <p style="text-align: center;">Results:</p> <p>Left: <input type="checkbox"/> Pass <input type="checkbox"/> Did Not Pass Right: <input type="checkbox"/> Pass <input type="checkbox"/> Did Not Pass <input type="checkbox"/> Rescreen recommended Comments: _____ _____</p> <p>Child missed screening due to: <input type="checkbox"/> Absent <input type="checkbox"/> Parent permission denied <input type="checkbox"/> Child non-cooperative <input type="checkbox"/> Enrolled after screening <b>Screener Signature/ Date</b> _____</p> <p><b>Guardian Signature</b> (after review) _____</p>	<p style="text-align: center;"><b>Dental</b></p> <p>Date: _____</p> <p style="text-align: center;">Results:</p> <p><input type="checkbox"/> Normal Screening/ No Concerns <input type="checkbox"/> Dental exam recommended Comments: _____ _____</p> <p>Child missed screening due to: <input type="checkbox"/> Absent <input type="checkbox"/> Parent permission denied <input type="checkbox"/> Child non-cooperative <input type="checkbox"/> Enrolled after screening <b>Screener Signature/ Date</b> _____</p> <p><b>Guardian Signature</b> (after review) _____</p>
<p style="text-align: center;"><b>Physical</b></p> <p>Date: _____</p> <p style="text-align: center;">Results:</p> <p>Height: _____ Weight: _____ Body Mass Index (BMI): _____ Blood Pressure: _____ Comments: _____ _____</p> <p>Child missed screening due to: <input type="checkbox"/> Absent <input type="checkbox"/> Parent permission denied <input type="checkbox"/> Child non-cooperative <input type="checkbox"/> Enrolled after screening <b>Screener Signature/ Date</b> _____</p> <p><b>Guardian Signature</b> (after review) _____</p>	<p style="text-align: center;"><b>Developmental Screening</b></p> <p>Date: _____</p> <p>Screening Tool Used: _____</p> <p style="text-align: center;">Results:</p> <p><input type="checkbox"/> Development appears on schedule <input type="checkbox"/> Provide learning activities &amp; monitor <input type="checkbox"/> Further assessment with professional may be needed <input type="checkbox"/> Child on existing IEP Comments: _____ _____</p> <p>Child missed screening due to: <input type="checkbox"/> Absent <input type="checkbox"/> Parent permission denied <input type="checkbox"/> Child non-cooperative <input type="checkbox"/> Enrolled after screening <b>Screener Signature/ Date</b> _____</p> <p><b>Guardian Signature</b> (after review) _____</p>	