



EARLY CHILDHOOD SCREENING ANNUAL REPORT (WORKSHEET)

Early Learning Services
1500 Highway 36 West
Roseville, MN 55113-4266

GENERAL INFORMATION AND INSTRUCTIONS: The reporting of your annual Early Childhood Screening (ECS) program and component cost is required by Minnesota Statutes, section 121A.16 – 121A.17 and Minnesota Rule 3530.3200. The Minnesota Department of Education (MDE) requires each school district to electronically submit data by July 15, 2013. All information required in this data submission relates to the period of July 1, 2012 to June 30, 2013. All data is to be filed electronically to MDE Early Learning Services Data System at the following website address: <http://education.state.mn.us> under “Data” / “Data Submissions.” Summary Early Childhood Screening data provided to MDE will be posted to the MDE website by school district and statewide. This form is a worksheet to prepare school district data for electronic submission to the Early Learning Services Data System.

PROGRAM IDENTIFICATION INFORMATION

All program contact information MUST be electronically updated by school districts through the online MDE Early Learning Services Data System prior to Early Childhood Screening data submission and anytime there are school district program contact information changes.

District Name(s) - Indicate All Districts Represented by the Report (List Fiscal Agent First):

District Number(s):

Name of Program Coordinator:

Title:

Address:

City:

Zip Code:

E-Mail Address:

Telephone Number:

Fax Number:

SCREENING TOTALS

*Screening totals should equal State Aid Category (SAC)
Reported by school districts on the MARSS PS records*

*Number of Children Screened Prior To Kindergarten at the Following Ages:
(Age reported below is the age of the child when screened. This should equal SAC 41 on the MARSS PS Records.)*

3-years-old	4- years-old	5-years-old	6-years-old

- Number of kindergarten students screened 30 days or less after kindergarten entrance. _____
- Number of kindergarten students screened more than 30 days from kindergarten entrance. _____
- Number entering kindergarten with no screening for parent conscientiously held beliefs about the Early Childhood Screening Program. (SAC 45)_____

Total number of children entering kindergarten in the 2012 – 2013 school year screened through another screening program. These data should equal State Aid Categories (SAC) on the MARSS PS Record

Private Health Care Provider (SAC 44)	Public Health Agency /Child and Teen Checkups/EPST (SAC 42)	Head Start (SAC 43)

REFERRALS AND FOLLOW-UP BY COMPONENT

For each component, provide the numbers requested for each column in the categories listed below

REFERRALS AND FOLLOW-UP BY COMPONENT	Vision	Hearing	Speech/ Language	Cognitive	Fine/Gross Motor	Social / Emotional/ Behavioral	Growth - Height and weight	Immunizations Review	Lack of Healthcare Coverage	Health Concerns
Children Screened										
Previously known potential problems										
New potential problems										
Referrals made										
Of referrals made, problems found to be normal									X	
Of referrals made, problems confirmed									X	
Of referrals made, referrals in process										
Of referrals made, parent declined referral/follow up services										
Of the problems confirmed, resolved by medical intervention										
Of the problems confirmed, served in Special Education								X	X	
Problems resolved by other methods									X	

REFERRALS AND FOLLOW-UP BY COMPONENT	Vision	Hearing	Speech/ Language	Cognitive	Fine/Gross Motor	Social / Emotional/ Behavioral	Growth - Height and weight	Immunizations Review	Lack of Healthcare Coverage	Health Concerns
Referrals completed from previous years										
Problems not yet resolved										

SCREENING INSTRUMENT FOR PARENT REPORT OF CHILD DEVELOPMENT

Check at least one item:

- Child Health and Development History
- Child Development Review Parent Questionnaire (CDR-PQ)
- Family Factors
- Ages and Stages Questionnaire (ASQ)
- Parent Evaluation Development Status (PEDS)

Total Number of children identified with previously known problems	Total number of children identified with new potential problems (children may have more than one potential problem)	Total number of children identified with multiple potential problems

REFERRAL DUE TO RISK FACTORS THAT INFLUENCE LEARNING

(Provide the number of referrals due to risk factors that influence learning).

School Readiness Referrals	ECFE Parent-child Classes	Head Start	Adult Education Literacy	Other Programs

STANDARDIZED SCREENING INSTRUMENT FOR PARENT REPORT OF CHILD DEVELOPMENT

Check all that apply:

Developmental – (at least one is required)

- Batelle Developmental Inventory 2nd Ed (BDI – II)
- Developmental Indicators for the Assessment of Learning – 3rd Edition (DIAL 3)
- Early Screening Inventory – Revised (ESI-R)
- Early Screening Inventory – Revised 2008 (ESI-R 2008)
- Minneapolis Preschool Screening Instrument – Revised (MPSI-R)
- BRIGANCE Screens
- First Step Preschool Screening
- Early Screening Profiles (ESP)
- Developmental Indicators for the Assessment of Learning - (DIAL4)

Social Emotional Development – (at least one is required)

- Ages and Stages Questionnaire: Social Emotional (ASQ:SE)
- Pediatric Symptom Checklist (PSC)

SCREENING PROGRAM COST INFORMATION

Indicate the number of children participating in each component and provide the total program costs for each screening component

SCREENING PROGRAM	TOTAL COST BY PROGRAM COMPONENT	NON-DISTRICT CONTRIBUTIONS	SCREENING PROGRAM	TOTAL COST BY PROGRAM COMPONENT
Outreach	\$	\$	Family Factors	\$
Vision and Hearing	\$	\$	Health History	\$
Developmental	\$	\$	Physical Inspection	\$
Height and Weight	\$	\$	Laboratory Tests	\$
Immunization Review with Parents	\$	\$	Dental	\$
Summary Review with Parents	\$	\$	Nutritional Assessment	\$
Follow-up	\$	\$	Other	\$
Administration (Coordinator AND Clerical Staff)	\$	\$	___Not Applicable	___Not Applicable
Other (Travel, Materials, Rent)	\$	\$	___Not Applicable	___Not Applicable
TOTALS				

SUPPLEMENTAL FUNDING SOURCES

Check (X) those sources of funding which were used to supplement state revenues for Required Components and/or Optional Components and record the amounts in the spaces provided. This amount must be identified when screening expenditures exceed screening state aid.

<input type="checkbox"/> Not Applicable	REQUIRED COMPONENTS	OPTIONAL COMPONENTS
<input type="checkbox"/> General Education Basic Revenue (Foundation Aid)/ General Fund (Fund 1)	\$ _____	\$ _____
<input type="checkbox"/> Early Childhood Family Education (ECFE) (Fund 4)	\$ _____	\$ _____
<input type="checkbox"/> School Readiness (Fund 4)	\$ _____	\$ _____
<input type="checkbox"/> Special Education	\$ _____	\$ _____
<input type="checkbox"/> Local Collaborative Time Study	\$ _____	\$ _____
<input type="checkbox"/> School Readiness (Fund 4)	\$ _____	\$ _____
<input type="checkbox"/> Other (Specify)	\$ _____	\$ _____

Indicate if fee was charged to parents for **optional screening**

Total fees collected \$ _____ Fee charged per person \$ _____

NOTE: Fees may not be charged for required components. A registration fee may not be charged for Early Childhood Screening Program.

VERIFICATION OF DATA AND STATEMENT OF ASSURANCES

It is hereby verified that the above information is true and correct, and is in compliance with the provisions of Minnesota Statutes, section 121A.16 – 121A.17, and Minnesota Rules, Part 3530.3000-.4310, as follows:

1. The parent of each child eligible for screening has been notified of the requirement for Early Childhood Screening.
2. All staff have met the qualifications as defined in Minnesota Statutes, section § 121A.17, Subd. 6 and Minnesota Rules Part 3530.3400.
3. All required screening components have been offered in accordance with Minnesota Statutes, section 121A.17, Subd. 3 and Minnesota Rules Part 3530.3400.
4. The required screening services have been offered at no direct cost to the participating parents.
5. A referral and follow-up process is in place.
6. No reimbursement request has been submitted for children whose screening has been paid for by other agencies or for costs reimbursed by other sources.

Signature – Person Completing Report

Date

Signature – Superintendent / Responsible Authority

Date

Please note that the signatures of the person completing the report and the superintendent/charter school director or other or other responsible authority are required for screening state aid payment to the school district. The Verification Data Statement of Assurances Form is the last page of your printed copy of the school district program data following the electronic data submission to MDE. (See the Early Learning Services Data System User Guide posted on the MDE website for further information). Screening state aid is calculated based on the MARSS PS Record data submitted by school districts. Screening state aid is only paid for complete screenings provided by the school district (State Aid Category 41).