

(Rev. 7/2023)

**NOTIFICATION: Participation in an Early Childhood Screening (ECS)**

Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type and Use Information**

I give permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Child’s Clinic or Public Health Screening Provider or Head Start Program or School District)*

to give this document, containing proof of screening conducted for the purpose of identifying possible health or development concerns, to Anoka-Hennepin Schools.

The purpose of an early childhood screening is to find possible health and developmental concerns. This information is needed to fulfill requirements of Minnesota Statue MS 123.702 which states “Every school board shall provide for a mandatory program of early childhood developmental screening for children once before school entrance…” as well as “Children are not to receive the school’s ECS (Early Childhood Screening) program if their health records indicate they have a comparable screening.”

**Understanding**

I understand that this screening information is private data governed by the Minnesota Government Data Practices Act.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Medical professional completes section below:***

**Documentation of Screening Participation**

I verify that the child named above has participated in a screening program which included each of the following checked components:

o Developmental screening o Height & weight o Health history

o Vision and hearing screening o Lab tests o Physical

o Immunization review o Interview with parents/health o Family factors

& developmental education

I further certify that our screening process includes referral for assessment, diagnosis, and treatment when potential physical, mental, and/or dental health, or other family needs are identified.

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*Screening Representative Signature Screening Date*

**Return completed form to:** Anoka-Hennepin Schools Early Childhood Screening

Or fax to 763-433-4903 Sorteberg Early Childhood Center

11400 Magnolia St NW, Coon Rapids, MN 55448

Anoka-Hennepin Schools

**EARLY LEARNING PROGRAMS**

**Early Childhood Screening**

