

0-5 CHILD FIND Screening Data Collection Form Directions

SECTION I. IDENTIFYING INFORMATION

This information allows the tracking of locations of screenings that occur, what Child and Family Connections (CFC) or school districts are involved in screenings, at what frequency screenings occur in a particular area, and who participates in screening activities.

County – The county the screening took place

CFC/School District # - The CFC or School District responsible for screening, or the CFC/School District the screening entity works with. The CFC or school district listed will get the credit for data collection purposes. If the screening is a joint effort between two or more CFCs or two or more school districts, indicate those involved and the numbers will be divided equally to demonstrate that screenings are taking place in each area. If a joint screening takes place with a CFC and a school district, the credit will be determined by the ages of the children screened. Separate reports may be submitted if easier on reporting entities.

Date – Date of screening

Month of – for cumulative reporting, the month the screenings took place

Location(s) – the location(s) of the screening event(s)

Contact Person and Phone – The individual in charge of the screening session

Agencies Represented – any agency or Individual provider(s) conducting the screening activity(ies)

Type – Type of agency or provider

SECTION II. SCREENING INFORMATION

This information allows the tracking of the number of children screened and their age at the time of screening.

Total Screened – Total number of children screened during event or cumulative monthly report.

Age 0-61+ - In the appropriate box, indicate the number of children by age who were screened

SECTION III. REFERRAL INFORMATION

The information submitted here allows the tracking of referrals made for children 0-3 and 3-5+ years of age.

Indicate the number of children referred for further evaluation in the appropriate receiving source box identified. If a referral type is not listed, please indicate the name of the agency(ies) receiving referral(s) and the number of children involved.

Referred for Rescreen – Indicate the number of children who passed screening, but are determined to benefit from a repeat screening at a later date (due to parent report of functioning variance, unable to screen, other concerns screener may have, etc.)

Please fax completed reports to the local Child and Family Connections office, attention Local Interagency Council (LIC) coordinator. The LIC coordinator is responsible for collecting all data relating to screening activities occurring in the service area. Monthly, these reports are forwarded to the State for statewide analysis and data compilation.

0-5 CHILD FIND

SCREENING DATA COLLECTION FORM

I. IDENTIFYING INFORMATION (Please Print)

County _____ CFC/School Dist.# _____

Date _____ Month of _____

Location(s) _____

Contact Person _____ Phone (____) _____

Agencies/Providers Represented

Type

Type: CFC, School District (LEA), EI Provider (EIP), Childcare Provider (CC), Head Start (HS), Early Head Start (EHS), Other-please indicate type

II. SCREENING INFORMATION

Total Screened	Age 0-11 Months	Age 12-23 Months	Age 24-35 Months	Age 36-47 Months	Age 48-60 Months	Age 61+ Months

III. REFERRAL INFORMATION

Children 0-3:

0-3 Early Intervention/CFC	Early Head Start	Other Referral	# Referred for Rescreen

Children 3-5+:

3-5 Early Childhood Special Education	Pre-K	Head Start	Other Referral	# Referred for Rescreen

Please fax completed form(s) monthly to the local Child and Family Connections office.