# SAMPLE EI/ECSE HEALTH SCREENING FOLLOW-UP REPORT

Child: D.O.B.: Contractor:

SECTION ONE

1. Indicate service(s) provided  Review HSQ/health records  Parent Contact

Physician contact  Physical assessment

2. Health conditions/medical diagnosis/current medications:

None

3.  Child/family currently receiving services from public health nurse/community agency.

Nurse/agency doing follow-up: Phone:

1. Child/family referred to public health nurse for follow-up re:

5.  Child/family referred to other community services (specify):

6.  Other services/recommendations (i.e., education re: immunizations, etc.):

SECTION TWO

1. No health issues needing classroom recommendations identified at this time. **If the child’s status changes, contact the child’s team coordinator.**

1. **Nurse needs to attend the child’s IFSP meeting. Please notify**

**of date and time.**

1. Recommend health personnel address the following issues with child’s team:

Information to child’s team re:

health care issue

side effects of medication (specify):

symptoms to report to parent or requiring immediate action

safety

Emergency protocol needed for

Delegated nursing procedure for

Specific transportation needs

Child to have health care in place before entering school (Document health or safety issue to be addressed before entrance.)

Other

SCREENING NURSE:

DATE:

Signature Title Phone

Adapted with permission form CaCoon Program at the Child Development and Rehabilitation Center, Oregon Health Sciences University, PO Box 574, Portland, OR 97207-0574. Revised: 6/9/98

**Sample EI/ECSE Health Screening Follow-Up**

If any of the following are identified on the Health Screening Questionnaire, or its equivalent, the information is forwarded to the RN for further review and action:

* Complications during pregnancy, labor, or delivery
* Any serious difficulties for the child at birth
* Any health concern about child
* Concerns about child’s nutrition or growth
* Concerns about hearing
* Frequent ear infections or tubes
* Vision problems/wears glasses
* Takes medication and/or needs medication at school
* Allergies to medications, food or other substances
* Special diet, special feeding techniques, difficulties with feeding
* History of neurological problems
* Orthopedic problems
* Birth defect or genetic problem
* History of chronic illness
* Hospitalizations, surgery or serious injury
* Uses adaptive equipment
* Needs health treatment daily

**ADDITIONAL CONCERNS WHICH MAY TRIGGER A REFERRAL**

If any of the following concerns arise, the information should be sent to the R.N. for additional review and assessment:

* Head injury
* Hospitalization for other than usual childhood diseases
* Prolonged hospitalizations/absences from school
* Surgeries requiring extended missed school days
* New or unfamiliar diagnosis
* Feeding or swallowing difficulties
* Shunt dependent hydrocephalus
* Seizures
* Tubes or use of tubes or devices (internal or external)
* Multiple or new medications given routinely during the school day
* Abrupt changes in health status, behavior or performance of the child