

**REGION 19 ESC HEAD START  
SCREENINGS, PHYSICAL EXAMINATION/ASSESSMENT**

CHILD'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
 HEAD START CENTER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

1. SCREENING TESTS. Starred items(\*) are required by Head Start and recommended by the American Academy of Pediatrics for children 3-5 years. Enter dates if done previously. When recording results, enter at a minimum "N", "S", or "A" for NORMAL, SUSPECT, OR A TYPICAL/ABNORMAL, respectively.

TEST	DATE	RESULTS	TEST	DATE	RESULTS
a. PRESENT AGE*		Yrs., Mos.	g. VISION (Type of Test)*		
b. height (no shoes, to nearest 1/8 in.)*			ACUITY, R/L		
c. WEIGHT (light clothing to nearest 1/4 lb.)*			STRABISMUS		
d. BLOOD PRESSURE			RESCREENING		
e. HEMATOCRIT or HEMOGLOBIN*			COMMENTS		
f. HEARING (Type of Test)*			h. OTHER TESTS (if indicated)		
RESULTS. R/L			(1) TB		
RESCREENING			(2) Sickle Cell		
COMMENTS			(3) Lead		
			(4) Ova & Parasites		
			(5) Urinalysis		
			(6) Other		

2. PHYSICAL EXAMINATION/ASSESSMENT. Complete and return top three copies to Head Start.

	NORMAL FOR AGE	ABNORMAL	NOT EVAL.	COMMENTS (Use Additional sheet if necessary)		NORMAL FOR AGE	ABNORMAL	NOT EVAL.
a. GENERAL APPEARANCE								
b. POSTURE, GAIT								
c. SPEECH					i. ABDOMEN (include hernia)			
d. HEAD					n. BONES, JOINTS, MUSCLES			
e. SKIN					m. GENITALIA			
f. EYES: (1) External Aspects					o. NEUROLOGICAL/SOCIAL			
(2) Optic Fundiscopic					(1) Gross			
(3) Cover Test					(2) Fine Motor			
g. EARS: (1) External & Canals					(3) Communication Skills			
(2) Tympanic Membranes					(4) Cognitive			
h. NOSE, MOUTH, PHARYNX					(5) Self-Help Skills			
i. TEETH					(6) Social Skills			
j. HEART					p. GLANDS (Lymphatic/Thyroid)			
k. LUNGS					q. MUSCULAR COORDINATION			
					r. OTHER			

MENTAL HEALTH - Parent Concerns:

Referral Recommended: Yes/No

The mental health assessment for this age also includes the developmental assessment, and information from the family profile.

Feelings: Out of control, angry, sad, fearful, sulen, andous  
 Behavior: Overactive, listless, harms others or property, sexually acts out, impulsive, frequently provokes other children, self abuses  
 Social Interaction: Withdrawn, clings excessively, acts too young, communicates non-verbally rather than verbally  
 Thinking: Misrueful, distracted, is frustrated easily  
 Physical Problems: Low weight for age, weight loss, vomits, problem eating, lacks energy, sleeping problems  
 Other: Known history of neglect, physical, sexual or emotional abuse, prenatal substance abuse

a. GENERAL STATEMENT ON CHILD'S PHYSICAL STATUS:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. FINDINGS, TREATMENTS, AND RECOMMENDATIONS

ABNORMAL FINDINGS/DIAGNOSIS	TREATMENT PLAN	RECOMMENDED FOLLOW-UP OR RESULTS (Initial when complete)	DATE
a.			
b.			
c.			
d.			