



DEVELOPMENTAL SCREENING FORM

Child Referred by: _____ Ethnicity: _____
Child's Name: _____ M ___ F ___ DOB: _____
Address of Child: _____ City: _____ Zip: _____
Mother's Name: _____ Address: _____
Father's Name: _____ Address: _____
Phone: _____ Doctor's Name: _____
Medicaid: Yes ☐ No ☐ Medicaid Number: _____

General Health and History Questions (Please check all that apply)

Birth History:

- ☐ Prematurity
- ☐ Anoxia
- ☐ Casting
- ☐ Other _____

Current Health:

- ☐ Respiratory or cardiac difficulties
- ☐ Medications
- ☐ Surgeries
- ☐ Seizures
- ☐ Medical Equipment: (e.g., use of G-tubes, colostomy bag, oxygen, apnea monitor)
- ☐ Suspected or known allergies
- ☐ Any concerns about vision?
- ☐ Has your child been screened before?
- ☐ Has your child ever received early intervention services?

Speech and Hearing Concerns:

- ☐ Any concerns about hearing?
- ☐ History of hearing loss in the family?
- ☐ History of ear infections?
- ☐ Is your child upset by certain sounds?
- ☐ Any concerns about your child's speech?
- ☐ Any concerns about your child's language?
- ☐ Languages other than English your child is exposed to _____

Other Concerns:

- ☐ Any painful, traumatic events?
- ☐ Significant separations from you or other family members
- ☐ Family members and history of disabilities or delays?
- ☐ Other: _____

PARENT PERMISSION FOR SCREENING

By signing this form, I give permission for my child _____ to participate in a developmental screening on _____. This screening is sponsored by Children's Resource Center and shall include instruments designed to measure vision, hearing, and developmental skills. Children's Resource Center shall act as the record keeper of this information, however, your local school district has contracted with CRC to conduct this screening and demographic information will be sent to the district. I understand that by giving this permission, my child will be screened only, and no formal evaluation and/or programming shall occur without my written permission. A copy of your screening results will be sent to your physician. Your child's hearing and vision screening results will be released to the Early Hearing Detection & Intervention statewide database. Your child's hearing and vision will be screened on an annual basis.

PARENT / GUARDIAN SIGNATURE

DATE