



CHILDREN'S ADMINISTRATION  
**Child Health and Education  
 Tracking Screening Report**

	Completion Date
<input type="checkbox"/> Preliminary Report	_____
<input type="checkbox"/> Final Report – Complete	_____
<input type="checkbox"/> Final Report – Closed	_____
One or more items were not obtained	

**CHILD'S IDENTIFYING INFORMATION**

CHILD'S NAME		PREFERRED NAME	DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
CHILD'S PERSON ID		STUDENT STATE IDENTIFICATION NUMBER (10 Digits) <input type="checkbox"/> N/A		
CONSENT <input type="checkbox"/> Received <input type="checkbox"/> N/A	PROVIDER ONE NUMBER <input type="checkbox"/> N/A	APPLE HEALTH CORE CONNECTIONS NUMBER <input type="checkbox"/> N/A		
DOES THE CHILD HAVE LIMITED ENGLISH PROFICIENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No	PRIMARY LANGUAGE		IS THE CHILD NATIVE AMERICAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Status Pending	
CHILD'S RACE AND ETHNICITY			DATE OF PLACEMENT	
TYPE OF PLACEMENT <input type="checkbox"/> Foster Care <input type="checkbox"/> Relative Caregiver <input type="checkbox"/> Other:				
SCREENING SPECIALIST		DCFS SOCIAL WORKER NAME	TELEPHONE NUMBER	

**PHYSICAL HEALTH DOMAIN**

DATE WELL CHILD EXAM COMPLETED	DATE WELL CHILD EXAM SCHEDULED	PROVIDER'S NAME	TELEPHONE NUMBER
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WELL CHILD EXAM RESULTS AND RECOMMENDATIONS MADE BY HEALTH CARE PROVIDER

Well Child exam was not completed within 30 days of placement. Follow-up needed to obtain well child exam:

OTHER SIGNIFICANT (MEDICAL) PHYSICAL HEALTH INFORMATION

DATE DENTAL EXAM COMPLETED	DATE DENTAL EXAM SCHEDULED	PROVIDER'S NAME	TELEPHONE NUMBER
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DENTAL EXAM RESULTS AND RECOMMENDATIONS MADE BY DENTAL PROVIDER

Dental exam was not completed within the past six months. Follow-up needed to obtain dental exam:

OTHER SIGNIFICANT DENTAL INFORMATION

Provider information found in Medical Management Information system (MMIS)?  Yes  No  
 Please list most current primary provider(s) below.

**DEVELOPMENTAL DOMAIN**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Developmental screening not applicable due to age, developmental delay or medical complexity | <input type="checkbox"/> Denver II (0 up to 1 month of age) | <input type="checkbox"/> Ages and Stages Questionnaire (ASQ) (1 to 60 months of age) | <input type="checkbox"/> Developmental screening results obtained from another source |
|---|---|--|---|

Child not available for screening. Follow-up needed to obtain developmental screening:

**Denver II**

The Denver Developmental Screening Test (DDII) is administered to infants, birth to one month old. The screen is used to identify potential developmental problems in four areas: gross motor, language, fine motor-adaptive, and personal-social.

Date Administered:

Date Scored:

Age at administration: (in weeks) If adjusted for age (test) check here  Adjusted age in weeks:

**DENVER RESULTS (DDST II)**

DEVELOPMENTAL AREAS

NO APPARENT CONCERNS

POSSIBLE CONCERNS

Personal-Social

Fine Motor-Adaptive

Language

Gross Motor

Denver Results Summary

**Ages and Stages Questionnaire (ASQ)**

Ages and Stages Questionnaire (ASQ) is administered to children one to 60 months old. The screen is used to identify young children who may need a developmental evaluation. Ages and Stages are divided into five developmental areas: communication, gross motor, fine motor, problem solving, and personal-social. Each developmental area is scored based on the child's demonstrated ability compared to a typical child of the same age. Scores below the cutoff indicate a possible concern.

Date Administered:

Date Scored:

AGE AT ADMINISTRATION

WHICH ASQ USED

Corrected for premature birth

ASQ RESULTS				
Developmental Domain	Score / Cut-off	No apparent concern	Borderline	Possible concern
Communication:	___ / ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor:	___ / ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor:	___ / ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving:	___ / ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal – social:	___ / ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASQ RESULTS SUMMARY

DEVELOPMENTAL STRENGTHS / CONCERNS

**EDUCATIONAL DOMAIN**

<input type="checkbox"/> Child is not school aged	<input type="checkbox"/> Child school aged but not attending school
<input type="checkbox"/> Education records were not obtained within 30 days of placement. Follow-up recommended to obtain education records: _____	
NAME OF SCHOOL CHILD IS CURRENTLY ATTENDING	GRADE LEVEL

EDUCATIONAL STRENGTHS / CONCERNS (INCLUDING CHILD'S AND OUT-OF-HOME CAREGIVER'S PERSPECTIVES)

Educational Records		
Records Requested From (School Name)	Initial Date Records Requested	Date Records Received
_____	_____	_____
School District Requested From	_____	_____
_____	_____	_____

SPECIAL EDUCATION RECORDS

Not Applicable

Requested Not Obtained

The following Special Education records were received:

Individual Family Service Plan (IFSP)

Individual Education Program (IEP)

504 Plan (special accommodations)

**EMOTIONAL / BEHAVIORAL DOMAIN**

<input type="checkbox"/> Emotional / Behavioral screening not applicable due to age, developmental delay or medical complexity	<input type="checkbox"/> ASQ-SE (3 months to 66 months)	<input type="checkbox"/> PSC-17 (66 months to 17 years)	<input type="checkbox"/> SCARED (7 years to 17 years)	<input type="checkbox"/> GAIN-SS (13 years to 17 years)	<input type="checkbox"/> Emotional / Behavioral screening results obtained from another source
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**Ages and Stages Questionnaire – Social / Emotional (ASQ-SE)**

<input type="checkbox"/> ASQ-SE (3 to 66 months)	The Ages and Stages Questionnaire – Social Emotional (ASQ-SE) screen is administered to children ages 3 to 66 months old. The screen is completed by out-of-home caregivers, parents, and/or child care providers to gather information about a child in the areas of personal-social, self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interactions with people. <b>Scores above the cutoff indicate a need for a mental health assessment to be completed by a qualified professional. Service needs are then determined by the assessment.</b>
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AGE AT ADMINISTRATION	WHICH ASQ-SE USED
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Check box(es) if possible concern:

Date Administered	Date Scored	Relationship to Child	Name of Person Providing Information	Score / Cut-off	No apparent concern	Possible Concern
_____	_____	Caregiver	_____	____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Parent / Guardian #1	_____	____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Parent / Guardian #2	_____	____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	School / Daycare	_____	____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	____ / ____	<input type="checkbox"/>	<input type="checkbox"/>

ASQ-SE RESULTS SUMMARY

ASQ-SE was not administered during this screening. Follow-up needed to complete emotional / behavioral screen:

**Pediatric Symptoms Checklist 17 (PSC-17)**

<input type="checkbox"/> PSC-17 (66 months to 17 years)	The Pediatric Symptom Checklist (PSC-17) screen is administered for children / youth ages 5½ to 17 years old. The screen is completed by out-of-home caregivers, parents, teachers, and/or youth (11-17 years old) to assess for psychosocial problems. The PSC-17 has scales to identify externalizing, internalizing, and attention problems. <b>Scores equal to or above the cutoff score indicate a need for a mental health assessment to be completed by a qualified professional. Service needs are then determined by the assessment.</b>
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Check box(es) if possible concern:

Date Administered	Date Scored	Relationship to Child	Name of Person Providing Information	Externalizing Subscale Possible Concern	Internalizing Subscale Possible Concern	Attention Subscale Possible Concern	Total Score Possible Concern
_____	_____	Out-of-home caregiver	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Youth (11 – 17 years)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Parent / Guardian	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	School Professional	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PSC-17 subscale definitions:

**Attention Subscale** – This subscale reflects problems paying attention, staying focused or on track. Children high on this scale may also have hyperactivity.

**Internalizing Subscale** – Mainly effects problems the child / adolescent experiences within such as depression, anxiety, sadness and withdrawal from others and social activities

**Externalizing Subscale** – Children high on the externalizing subscale may be having conflict with others – caregivers, teachers, and/or peers. These children are having behavior problems such as not listening to commands or rules, being argumentative, getting into trouble, and being physically or verbally aggressive.

PSC-17 RESULTS SUMMARY

PSC-17 was not completed during screening process by out-of-home caregiver. Follow-up needed to complete emotional / behavioral screening:

**Screen for Childhood Anxiety and Related Emotional Disorder (SCARED) Trauma Tool**

**SCARED (7 years to 17 years)** The Screen for Childhood Anxiety and Related Emotional Disorder (SCARED) is a trauma tool administered for children / youth ages 7 to 17 years old. The screen is completed by out-of-home caregivers, parents, and/or youth (7 to 17 years old) for anxiety and post-traumatic stress disorder. The trauma tool has two sets of questions to focus on these areas. **Scores equal to or above the cutoff score indicate a need for a mental health assessment to be completed by a qualified professional. Service needs are then determined by the assessment.**

Check box(es) if possible concern:

Date Administered	Date Scored	Relationship to Child	Name of Person Providing Information	Anxiety Subscale Possible Concern	PTS Subscale Possible Concern
_____	_____	Out of home Caregiver	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Youth (7 – 17 years)	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Parent / Guardian	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____		_____	<input type="checkbox"/>	<input type="checkbox"/>

**SCARED SCALE DEFINITIONS**

**Anxiety Scale:** This subscale reflects potential issues with general anxiety, separation anxiety, panic, and/or social or school phobia.

**PTSD Scale:** This subscale reflects potential issues with general anxiety and/or somatic / panic symptoms.

SCARED SUMMARY

SCARED was not completed during screening process by out-of-home caregiver. Follow up needed to complete trauma screening:



**ITEMS NEEDING FOLLOW-UP BY ASSIGNED CASE WORKER**

Informed assigned social worker the following referral(s) need to be made:

Date

Supplemental Security Income	_____
Mental Health	_____
Concerns were reported to screener	_____
Standardized Tool Scores reported to case worker	_____
(Based on ASQ-SE, PSC-17, SCARED or GAIN-SS scores)	
Substance Abuse	_____
Concerns were reported to screener	_____
Standardized Tool Scores reported to case worker	_____
(Based on GAIN-SS)	
GAIN-SS Co-Occurring	_____
CSEC	_____
Other (Identified): _____	_____

**SUMMARY OF ALL FOLLOW-UP NEEDED ITEMS**

**PHOTO**

**These records are confidential and are disclosed under the limitations of RCW 13.50.100. This disclosure does not constitute a waiver of any confidentiality or privilege attached to the records by operation of any state or federal law or regulation. The recipient of these records must comply with the laws governing confidentiality and must protect the records from unauthorized disclosure. RCW 13.50.100(5).**