

Directions for completing the **0-5 CHILD FIND Screening Data Collection Form**

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.

Current Date – The date the screening form is completed.

Month of Screening – For cumulative reporting, the month the screenings took place.

County – The county where the screening took place.

CFC # / Name of 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.

Location(s) of Screenings – The location(s) of the screening event(s).

Contact Person Name / Contact Person Phone – The name and telephone number of the individual in charge of the screening session.

Agencies Represented – Any agency(ies) or individual provider(s) conducting the screening activity(ies).

* **Type of Screener** – Type of agency or provider (i.e, CFC, LEA, HD, CC)

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 of cumulative monthly report.

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

Not Referred – Children who were screened but no referral was needed.

SECTION III. SCREENING RESULTS – REFERRAL COUNT

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 referral count 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 to Other – Indicate the number of children referred to community based programs/agencies (i.e, speech, hearing, vision).

Re - Referred for Rescreen – Indicate the number of children who passed the 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.