|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child's First and Last Name | Enrollment Date | DOB | Date of ESI-R Parent Questionnaire | Date of ESI-P/K Screening | ESI OK Rescreen Refer CNT | ESI Refer Score | ESI-P/ ESI-K Rescreen Due Date | Rescreen Date | ESI OK Rescreen Refer CNT | ASQ Screening Date | ASQ Pass Fail Refuse CNT | IEP |
| 1.  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |  |  |
| 6.. |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |  |  |  |  |  |  |

Developmental Screener (ESI-P/ESI-K/ASQ) and Parent Questionnaire Class Composite Follow-up

Submission date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency/Program/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once a child is enrolled, an initial screening is due within 45 days for Head Start children and 2 weeks for GSRP children. Head Start returning children do not need to be on the composite sheet since they don't have to be rescreened. All GSRP children must be screened. Each month a new sheet will be turned in as screenings are complete and as new children are added through the year. Children under 3 will be screened using the ASQ.

**Distribution:** Original to Teacher/Provider Copy to DMT: (Michelle Karns), Coach

10/23 EHS-HS Team\Procedure Manual\Education-Disabilities\Developmental Screener Class Composite Form