



SUPPORTING KIDS' HEALTHY DEVELOPMENT

Individual Screening Summary Report

DATE: ____/____/____

Child's Name: _____ Age: ____ Date of Birth: ____/____/____

Program: _____ Teacher Class: _____

Current services received (circle all that apply): Glasses Hearing Speech OT PT

Primary Language: _____

Vision:	On Track	Follow Up	Refer
Right Eye:	In Range Level 1	CNT/Rescreen	Level 2
Left Eye:	In Range Level 1	CNT/Rescreen	Level 2

Notes:

Hearing:	On Track	Follow-up	Refer
1000Hz	Right: Pass CNT Refer	Left: Pass CNT Refer	
2000Hz	Right: Pass CNT Refer	Left: Pass CNT Refer	
4000Hz	Right: Pass CNT Refer	Left: Pass CNT Refer	
OAE	NA Pass CNT/Rescreen	Refer	
Tymp	NA Pass CNT/Rescreen	Refer	

Notes:

Dental:	On Track	Follow-up	Refer
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Notes:

Speech and Language:	On Track	Follow Up	Refer		
Receptive	Expressive	Articulation	Fluency	Voice	Pragmatics
OT F R	OT F R	OT F R	OT F R	OT F R	OT F R

Notes:

Motor:	On Track	Follow Up	Refer
Gross Motor:	OT	Follow Up	Refer
Fine Motor:	OT	Follow Up	Refer

Notes:

Height and Weight	
Height	Weight

For more information about Get Ready to GROW and resources:

- Email: support@getreadytogrow.org
- Phone: (585) 295-1008; Fax: (585) 295-1090
- Visit www.GetReadyToGROW.org