Screening Results Cover Sheet

Screening results must be dropped off at Children’s Institute within two business days of the screening event.

Name of Person Dropping Off: ____________________________ Date Dropped Off: ____/____/____

Screening Location: ____________________________ Screening Date: ____/____/____

Paperwork being dropped off:

Consents: Scanned and entered in COMET - Y/N

Screening results: **Entered into COMET - Y/N**

- Hearing ______
- Motor ______
- Dental ______
- Language ______
- Ht/Wt ______
- Vision ______

Questionnaires: ASQ ______ ASQ:SE ______ CAFES ______

Class summary: ______ Copyright of Class Summary Left at Site: Y/N

Comments: