



SUPPORTING KIDS' HEALTHY DEVELOPMENT

## 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: \_\_\_\_\_ **Copy of Class Summary Left at Site: Y/N**

Comments: