

# STAUNTON CITY SCHOOLS HEALTH SCREENING FORM

8/2009

(Students new to division plus in grades K, 3, 7, 10)

Name \_\_\_\_\_

Date \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Homeroom \_\_\_\_\_

## Observation Results

<p><b>1. Vision</b> (School Nurse within 60 days of the 1<sup>st</sup> day of school OR medical form 60 days prior to the 1<sup>st</sup> day of school, K, 3, 7, 10, new to division)</p> <p>____ Normal Acuity</p> <p>____ Failed Screening</p> <p>____ Re-Screening Date</p> <p>____ Pass/Fail</p> <p>____ Referral</p> <p>Signature _____</p> <p>Title _____ Date _____</p>	<p><b>2. Hearing</b> (School Nurse within 60 days of the 1<sup>st</sup> day of school OR medical form 60 days prior to the 1<sup>st</sup> day of school, K, 3, 7, 10, new to division)</p> <p>____ Normal Pure-Tone Acuity</p> <p>____ Failed initial screening (attach documentation)</p> <p>Follow-up:</p> <p>____ Second screening date</p> <p>____ Pass/Fail</p> <p>____ Date of Referral</p> <p>____ ENT report received</p> <p>Signature _____</p> <p>Title _____ Date _____</p>
<p><b>3. Speech, Voice, &amp; Language</b> (K-3 only--Classroom Teacher within 60 days of the 1<sup>st</sup> day of school OR medical form 60 days prior to the 1<sup>st</sup> day of school – <b>complete chart on reverse side</b>)</p> <p>____ Normal Skills</p> <p>____ Normal skills with developmental errors</p> <p>____ Individual screening by speech pathologist</p> <p>Recommendations by Speech Pathologist</p> <p>____ Refer to CST</p> <p>____ See Cumulative File</p> <p>____ Normal</p> <p>Signature _____</p> <p>Title _____ Date _____</p>	<p><b>4. Fine &amp; Gross Motor Skills</b> (K- 3 only--Classroom Teacher or Physical Education Teacher within 60 days of the 1<sup>st</sup> day of school OR medical form 60 days prior to the 1<sup>st</sup> day of school – <b>complete chart on reverse side</b>)</p> <p>____ Fine motor skills appropriate for developmental age (Classroom Teacher)</p> <p>____ Gross motor skills appropriate for developmental age (P.E. Teacher)</p> <p>____ Referral to Child Study Team</p> <p>Signature _____ (Classroom Teacher)</p> <p>Date _____</p> <p>Signature _____ (P.E. Teacher)</p> <p>Date _____</p>

Results of these observations: (check one)

- \_\_\_\_ No evidence of referral needed at this time
- \_\_\_\_ A referral to Child Study Committee is in order
- \_\_\_\_ See Cumulative File

Other comments or recommendations \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Height and Weight**  
(School Nurse in grades K, 3, 7, 10)

**Height** (in.) \_\_\_\_\_ **Weight** (lbs.) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Fine and Gross Motor Skills Evaluation**

Place a check next to the skills students are able to perform. To fail the fine and gross motor screening, a child must fail 2 out of 3 gross motor skills AND both fine motor skills. A child is allowed 2 attempts to pass each skill.

**Fine Motor Evaluation** – to be completed by classroom teacher

Skill	Kindergarten		1 <sup>st</sup> grade		2 <sup>nd</sup> grade		3 <sup>rd</sup> grade	
Visual Motor Skills	Copy a circle and make predominantly circular lines		Draw a line within a curved path with no more than 2 deviations from the curved line		Draw a line within a curved path with no more than 2 deviations from the curved line		Draw a line within a curved path with no more than 2 deviations from the curved line	
Upper Extremity Speed and Dexterity – place 5 pegs in a pegboard using one hand	Within 30 seconds		Within 20 seconds		Within 20 seconds		Within 15 seconds	

**Gross Motor Evaluation** – to be completed by physical education teacher

Skill	Kindergarten		1 <sup>st</sup> grade		2 <sup>nd</sup> grade		3 <sup>rd</sup> grade	
Balance – hold right foot off ground and hold left foot off ground	5 seconds		10 seconds		10 seconds		12 seconds	
Bilateral Coordination – Jump in air and...	Clap 5 times		Clap 5 times		Clap 5 times		Touch both heels with both hands 2 out of 3 times	
Upper extremity coordination – toss ball in air and catch it 5 times consecutively	8 ½ inch ball		8 ½ inch ball		4 to 5 inch ball		4 to 5 inch ball	

Comments: \_\_\_\_\_

Pass/Fail: \_\_\_\_\_

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**Instructions for 60-Day Speech, Language, and Voice Observations**

**Within 60 days of initial enrollment in a public school, the classroom teacher shall:**

- Observe the speech, language, and voice of each student in the class.
- For the students who exhibited no difficulties, note in block three of the 4x4 form.
- For the students who showed problems, refer to the speech/language pathologist.

**After consultation with the classroom teacher, the speech pathologist shall (as appropriate):**

- Observe the child in the natural setting.
- Perform additional observations as necessary.
- Follow up as indicated by classroom teacher results.
- Provide observation results to classroom teacher.

**New Student Speech, Language and Voice Observation Instrument**

To the classroom teacher: If any of the following behaviors are checked as "observed", consult the speech and language pathologist.

**Student Name:** \_\_\_\_\_ **Observation Date:** \_\_\_\_\_ **Limited English Proficiency:** Yes No  
**Grade:** \_\_\_\_\_ **Screened By:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

Observed Behavior	Check
1. Child is difficult to understand. Sounds in error:	
2. Child has a hoarse and/or nasal voice that does not seem related to a cold or allergies.	
3. Child uses grammar inappropriate for age and peer group.	
4. Child has difficulty following directions and/or responding to questions. Difficulty understanding directions Yes No	
5. Child has difficulty making wants and needs known.	
6. Child has difficulty using complete sentences.	
7. Child's vocabulary seems limited for age.	
8. Child has difficulty expressing an idea or event (i.e. what he did over the weekend).	
9. Child avoids talking or appears frustrated when speaking.	
10. Child has difficulty controlling pauses, repetitions, facial or neck movements when speaking (stuttering).	

Other communication concerns: \_\_\_\_\_

No communication problems were noted.