**SAMPLE EI/ECSE HEALTH SCREENING**

**FOLLOW UP REPORT – INTRUCTIONS**

**The purpose of this form is to:**

* provide documentation of nursing action and recommendations
* provide communication back to the team on the child's health needs
* provide a method for informing the team of other services being provided in the community to allow collaboration and less duplication.

**Section One** reports the activities the nurse performs during the screen.

**1-2. Complete items one and two under Section I on every child screened.**

Item I will let EI/ECSE programs know that the screening was done. List medications, diagnosis and health conditions even if there are no specific recommendations for the classroom at this time. Item 2 will help teams be more alert for new symptoms or a change in health status. State "none" when appropriate rather than leaving blank.

**3-6. Complete items three through six to inform child's team about community services already providing services to the family.**

Identifying these items will hopefully save EI/ECSE staff time in their information gathering and referral process as well as facilitate communication with other programs. It also makes staff aware of some of the services nursing provides.

**Section Two** reports on the outcome of the nurse screening.

**7. Complete item seven if there are no recommendations.**

**8. Complete item eight to be involved in the team meeting that determines whether the child is eligible for EI/ECSE and which services would be appropriate.**

**9. Complete number nine when there are health issues that need to be addressed in the IFSP. Mark all items you feel apply to that child's condition.**

Information to the child's team might include such things as: a child may be more susceptible to infections; in the case of a child with a shunt the team would need to know signs of possible malfunction and that head injury should be reported to parents immediately, etc. Some children's conditions are well managed and have little variation, but the team still needs to know. (Asthma and seizure disorder is two examples.) When the children are on medication the team should have information on possible side effects and toxic symptoms and whether it may interfere with the child's ability in any way.

If the team needs to follow any kind of procedure in an emergency it should be documented and they should receive instruction regarding the specific protocols. (Asthma, severe allergy to bee strings, seizures, diabetic hypo- or hyperglycemia, is a few examples.)

If a nursing procedure needs to be done in the rules for delegation are to be followed. Some teams are now aware of when these rules apply or that a nurse must be involved at this point.

Some children have conditions that change rapidly or require care frequently enough that they have care needs even during transport . A team needs to be aware of these and have in place appropriate ways to meet them.

Occasionally children have needs so numerous or specialized that their health or safety would be compromised by allowing them to attend school before a health plan is outlined and in place. Health personnel need to be aware of this ASAP so they can make the appropriate care arrangements before the child enters school.