LEADS Head Start/Early Head Start Screening Results

Child's Name: _	Mohammed AlSaadon	Center: <u>Delaware</u>			
	of Screening: 823/16				
Suresight	b Screening.	 :			
	Pass – The results appear to be with	nin the normal range.			
Pass – The results appear to be within the normal range. Fail – Rescreen needed in 2 weeks					
		due to child already seeing specialist.			
***************************************	Fall HOMENER 110 Lescreen liceaca	ade to difficulty beams of a service			
Ctoroont	in the				
Stereopt	Pass – The results appear to be wit	hin the normal range.			
	Fail – Rescreen needed in 2 weeks	mil the normal tange.			
-		due to child already seeing specialist.			
****	Fall HOWEVER no rescreen needed	due to child already seeing specialist.			
Daws Co	TOOR (FHE ONLY)				
Paper Sc	reen (EHS ONLY)	hin the normal range.			
Pass – The results appear to be within the normal range. Fail – Rescreen needed in 2 weeks					
Fail – Rescreen needed in 2 weeks Fail HOWEVER no rescreen needed due to child already seeing specialist.					
	Fall HOWEVER HOTESCIEET HEEded	rade to diffically occurs opening			
	of Screening: 8 23 No				
	01 001 001	pormal range			
	- The results appear to be within the r	iormanange.			
	Immediate Referral	-hild already social specialist			
Fail H	HOWEVER no rescreen needed due to	child aiready seeing specialist.			
	ELOPMENTAL Date of Screening: _	8123/110			
BRIGANCE DEVE					
	- The results appear to be within the n	ormai range.			
	rescreen needed in 2 weeks	and the bearing a comment IED on file			
Failed	HOWEVER no rescreen needed due t	o child having a current ler on me.			
	81	22/11			
HEIGHT AND W		* · · · ·			
Height: <u> </u>		BMI:			
Head Circumfere	ence: (EHS ONLY)				
	clasiv				
*Results discuss	sed with parents on: 823 \\	(within 1 week of screenings			
		- 0/23/11			
Parent's Signatu		Date: 8/23/18			
FSW/HV's Signa	ture: Kristi Murfield	Date: <u>8/23/16</u>			

LEADS Head Start/Early Head Start RESCREEN Results

(If Applicable)

Child's Name	: Mohammed	1 AlSaadon	Center: De l	aware
	Detail Date of December 1			
<u>Sures</u>	REEN Date of Rescreen: ight Pass – The results appea Fail – Referral needed			ld will be monitored
	optis Pass – The results appea Fail – Referral needed	er to be within the no	rmal range and chi	ld will be monitored
<u>Paper</u>	Screen (EHS ONLY) Pass – The results a Fail – Referral need		he normal range ar	nd child will be monitored
Pass - 7	CREEN Date of Rescreen The results appear to be of eferral needed	i: <u>9 22 14</u> within the normal rar	nge and child will b	 e monitored
*Results discu	ussed with parents on: _		(wi	ithin 1 week of RESCREEN
Parent's Signa FSW/HV's Sign		Murfeil	Ø	_Date: <u>4/25/17</u> _Date: <u>4/25/17</u>