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| --- | --- | --- | --- |
|  | **Child Health and Education Tracking**  **Screening Report** | Preliminary Report  Final Report – Complete  Final Report – Closed  One or more items were  not obtained | Date  Completed |

# Child’s Identifying Information

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CHILD’S NAME | | | | | OTHER NAME IF APPLICABLE | | | | DATE OF BIRTH |
| SEX ASSIGNED AT BIRTH  Male  Female  Gender Identity: | | CHILD’S PERSON ID | | | | STUDENT STATE IDENTIFICATION NUMBER (10 DIGITS)  N/A | | | |
| CONSENT  Received  N/A | PROVIDER ONE NUMBER    N/A | | | | | APPLE HEALTH CORE CONNECTIONS NUMBER    N/A | | | |
| DOES THE CHILD HAVE LIMITED ENGLISH PROFICIENCY?  Yes  No | | | PRIMARY LANGUAGE | | | | IS THE CHILD NATIVE AMERICAN  Yes  No  Status Pending | | |
| CHILD’S RACE AND ETHNICITY | | | | | | | DATE OF PLACEMENT | | |
| TYPE OF PLACEMENT  Foster Care  Relative Caregiver  Other: | | | | | | | | | |
| SCREENING SPECIALIST | | | | CASEWORKER NAME | | | | TELEPHONE NUMBER | |

# ****Physical Health Domain****

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| --- | --- | --- | --- |
| DATE WELL CHILD  EXAM COMPLETED | DATE WELL CHILD  EXAM SCHEDULED | PROVIDER’S NAME | TELEPHONE NUMBER |

**Well Child Exam Results and follow-up needs identified by Health Care Provider**

Well Child Exam was not completed within 30 days of placement. Follow-up needed to obtain Well Child Exam:

**Other Significant Physical Health Information**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE DENTAL EXAM COMPLETED | DATE DENTAL  EXAM SCHEDULED | PROVIDER’S NAME | TELEPHONE NUMBER |

**Dental Exam Results and follow-up needs identified by Dental Provider**

Dental Exam was not completed within the past six months. Follow-up needed to obtain Dental Exam:

**Other Significant Dental Information**

**Medicaid Management Information System (MMIS)**  
List most current primary provider(s) below if MMIS information was found.

**Note**: MMIS reflects billing information only and is not an official medical history. The purpose of this information is to assist you in gathering health care service history provided to a child eligible for Apple Health in Washington State. MMIS provides billing information only, and may not reflect recent health care encounters or be complete. At present, MMIS is limited to the two most recent years of billing history.

|  |
| --- |
| **Developmental Domain** |
| Developmental screening not applicable due to age, developmental delay or medical complexity  Denver Developmental Screening Test II (Denver II) (birth to 1 month of age)  Ages and Stages Questionnaires, Third Edition (ASQ-3) (1 to 66 months of age)  Developmental screening results obtained from another source  Child not available for screening. Follow-up needed to obtain developmental screening: |

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| --- | --- |
| **Denver II** | |
| The Denver Developmental Screening Test (Denver II) is administered to infants, birth to one month old. The screen is used to identify potential developmental problems in four areas: gross motor, language, fine motor-adaptive, and personal-social. | |
| Date Administered: | Date Scored: |
| Age at administration:  (in weeks) If adjusted for age check here  Adjusted age in weeks: | |
| **Denver II Results** | |
| DEVELOPMENTAL AREAS NORMAL CAUTION DELAYED NOT APPLICABLE  Personal-Social  Fine Motor-Adaptive  Language  Gross Motor  OVERALL SCORE  **Normal** – No delays or a maximum of one caution. This child should have routine screenings at future well-child exams.  **Suspect** – Two or more cautions and/or one delay. Refer to ESIT or appropriate local resource for further assistance.  **Untestable** – Screen was unable to be completed at this time. See narrative for explanation. | |

**Denver II Results Summary**

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| **Ages and Stages Questionnaires, Third Edition (ASQ-3)** | | | |
| Ages and Stages Questionnaires, Third Edition (ASQ-3) is administered to children one to 66 months old. The screen is used to identify young children who may need a developmental evaluation. Ages and Stages are divided into five developmental areas: communication, gross motor, fine motor, problem solving, and personal-social. Each developmental area is scored based on the child’s demonstrated ability compared to a typical child of the same age. Scores below the cutoff indicate a possible concern. | | | |
| Date Administered: | | Date Scored: | |
| AGE AT ADMINISTRATION | WHICH ASQ-3 USED | | Corrected for premature birth |
| **ASQ-3 Results** | | | |
| DEVELOPMENTAL DOMAIN SCORE / CUT-OFF NO APPARENT CONCERN BORDERLINE POSSIBLE CONCERN  Communication: /  Gross motor: /  Fine motor: /  Problem solving: /  Personal – Social: / | | | |

**ASQ-3 Results Summary**

**Developmental Domain Summary**

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| --- | --- | --- | --- |
| **Education Domain** | | | |
| Child is not school aged | | Child school aged but not attending school | |
| Education records were not obtained within 30 days of placement. Follow-up recommended to obtain education  records: | | | |
| NAME OF SCHOOL CHILD IS CURRENTLY ATTENDING | | GRADE LEVEL | |
| EDUCATIONAL RECORDS REQUESTED FROM *(*SCHOOL NAME) | INITIAL DATE RECORDS REQUESTED | | DATE RECORDS RECEIVED |
| EDUCATIONAL RECORDS REQUESTED FROM (SCHOOL DISTRICT) | INITIAL DATE RECORDS REQUESTED | | DATE RECORDS RECEIVED |

|  |  |
| --- | --- |
| Special Education Records  Not Applicable  Requested Not Obtained | The following Special Education records were received:  Individualized Family Service Plan (IFSP)  Individualized Education Program (IEP)  504 Plan (special accommodations) |

**Educational Domain Summary**

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| --- | --- | --- |
| **Emotional / Behavioral Domain** | | |
| Emotional / Behavioral screening not applicable due to age, developmental delay or medical complexity  ASQ:SE2 (1 month through 71 months)  PSC-17 (6 years through 17 years)  Plus 4 (3 years through 17 years)  SCARED (7 years through 17 years)  GAIN-SS (13 years through 17 years)  Emotional / Behavioral screening results obtained from another source | | |
| **Ages and Stages Questionnaire: Social / Emotional, Second Edition (ASQ:SE2)** | | |
| ASQ:SE2 (1 month through 71 months)  The Ages and Stages Questionnaire – Social Emotional, Second Edition (ASQ:SE2) screen is administered to children ages 1 through 71 months old. The screen is completed by out-of-home caregivers, parents, and/or child care providers to gather information about a child in the areas of personal-social, self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interactions with people. **Scores above the cutoff indicate a need for a mental health assessment to be completed by a qualified professional. Service needs are then determined by the assessment.** | | |
| AGE AT ADMINISTRATION | WHICH ASQ:SE2 USED | CORRECTED FOR PREMATURE BIRTH |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date**  **Administered** | **Date**  **ScorEd** | **Relationship**  **to Child** | **Name of Person Providing Information** | **Score / Cut-off** | **No apparent concern** | **Monitor** | **Possible Concern** |
|  |  | Caregiver |  | **/** |  |  |  |
|  |  | Parent /  Guardian #1 |  | **/** |  |  |  |
|  |  | Parent /  Guardian #2 |  | **/** |  |  |  |
|  |  | School /  Daycare |  | **/** |  |  |  |
|  |  |  |  | **/** |  |  |  |

**ASQ:SE2 Results Summary**

ASQ:SE2 was not administered during this screening. Follow-up needed to complete emotional / behavioral screen

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| **Pediatric Symptoms Checklist 17 (PSC-17)** | | | | | | | | |
| PSC-17 (6 years through 17 years) | | | | | | | | |
| The Pediatric Symptom Checklist (PSC-17) screen is administered for children/youth ages 6 years through 17 years old. The screen is completed by out-of-home caregivers, parents, teachers, and/or youth (11-17 years old) to assess for psychosocial problems. The PSC-17 has scales to identify externalizing, internalizing, and attention problems. **Scores equal to or above the cutoff score indicate a need for a mental health assessment to be completed by a qualified professional. Service needs are then determined by the assessment.** | | | | | | | | |
| **Check box(es) if possible concern:** | | | | | | | | |
| Date  Administered | Date  SCORED | Relationship  to Child | Name of Person  Providing Information | Externalizing  Subscale  Possible  Concern | Internalizing  Subscale  Possible  Concern | Attention  Subscale  Possible  Concern | Total Score  Possible  Concern |
|  |  | Out-of-home caregiver |  |  |  |  |  |
|  |  | Youth (11 – 17 years) |  |  |  |  |  |
|  |  | Parent /  Guardian |  |  |  |  |  |
|  |  | School  Professional |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**PSC-17 Results Summary**

PSC-17 was not completed during screening process. Follow-up needed to complete emotional / behavioral screening:

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| **Plus 4 Trauma Related Screening Questions** | | | | | |
| Plus 4 (3 years through 17 years)  The Trauma Related Screening Questions (Plus 4) are administered for children/youth ages 3 through 17 years old. The screen is completed by out-of-home caregivers and/or parents to assess for potential social-emotional and somatic symptoms related to trauma. **Scores equal to or above the cutoff score indicate a need for a mental health assessment to be completed by a qualified professional. Service needs are then determined by the assessment.** | | | | | |
| Date  Administered | Date  Scored | Relationship  to Child | Name of Person Providing  Information | No Apparent Concern | Possible  Concern |
|  |  | Out of home  Caregiver |  |  |  |
|  |  | Parent /  Guardian |  |  |  |
|  |  |  |  |  |  |

**Plus 4 Results Summary**

Plus 4 was not completed during screening process. Follow up needed to complete trauma screening:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Screen for Child Anxiety Related Emotional Disorders (SCARED) Trauma Tool** | | | | | |
| SCARED (7 years through 17 years) | | | | | |
| The Screen for Child Anxiety Related Emotional Disorders (SCARED) is a trauma tool that screens for anxiety and post-traumatic stress disorder with two sets of questions. The screen is completed by each child or youth age 7 through 17 years old. **Scores equal to or above the cutoff score on either subsection indicate a need for a mental health assessment to be completed by a qualified professional. Service needs are then determined by the assessment.** | | | | | |
| **Check box(es) if possible concern:** | | | | | |
| Date  Administered | Date  Scored | Relationship  to Child | Name of Person Providing  Information | Anxiety  Subscale  Possible  Concern | PTS  Subscale  Possible  Concern |
|  |  | Youth  (7 – 17 years) |  |  |  |
|  |  |  |  |  |  |
|  | | | | | |
| SCARED SCALE DEFINITIONS  **Anxiety Scale:** This subscale reflects potential issues with general anxiety, separation anxiety, panic, and/or social or school phobia.  **PTSD Scale:** This subscale reflects potential issues with general anxiety and/or somatic/panic symptoms. | | | | | |

**SCARED Results Summary**

SCARED was not completed during screening process by youth. Follow up needed to complete trauma screening:

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| **Global Assessment of Individual Needs – Short Screen (GAIN-SS)** |
| GAIN-SS (13 years through 17 years) |
| The Global Assessment of Individual Needs – Short Screen (GAIN-SS) is a validated screening tool that identifies a need for a professional chemical dependency, mental health, or co-occurring assessment. The screen is completed by youth ages 13 through 17 years. The tool asks five questions each about internalizing, externalizing (including attentional problems), and substance abuse concerns. **Scores equal to or above the cutoff or “YES” for suicidal thoughts indicate a need for a mental health assessment to be completed by a qualified professional. Service needs are then determined by the assessment.** |

**GAIN-SS Results Summary**

GAIN-SS was not completed during screening process. Follow-up needed to complete GAIN-SS.

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| **CSEC Screening (Ages 11 – 17)** |
| CSEC completed:  Yes  No CSEC:  Indicated  Confirmed  N/A |

**Emotional/Behavioral Domain Summary**

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| **Connections Domain** |
| The Connections Domain, administered for children/youth ages birth to 17 years, identifies relationships, to people or things, which the child or caregiver has identified as important to the child. This information may be used to build on the child’s strengths and maintain existing relationships. Considerations for Connections may include, but are not limited to: identifying and recognizing the child’s cultural identity and their affiliations to their culture, tribe, religious/ spiritual beliefs, recreational activities personal interests, friends, classmates, siblings, extended family, parents and other significant adults such as teachers, coaches or neighbors*.*  Face to Face visit completed on:  Location: |

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| **Additional CHET Screener Contact Attempts** |

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| **Referrals made by CHET Screener** | Date Referral Made |
| Early Support for Infants and Toddler program |  |
| School District/Child Find |  |
| Education Advocate |  |
| Expedited Referral to Apple Health Core Connections (via FWB) |  |
| Supplemental Security Income (SSI) |  |
| Wraparound with Intensive Services (WISe) |  |
| Other (Identified): |  |
| **Items Needing Follow-up by Assigned Caseworker** | Date Case Worker Notified |
| Supplemental Security Income |  |
| Mental Health (Based on ASQ:SE2, PSC-17, Plus 4, SCARED or GAIN-SS scores) |  |
| Concerns were reported to screener |  |
| Standardized Tool Scores reported to caseworker |  |
| Substance Use (Based on GAIN-SS) |  |
| Concerns were reported to screener |  |
| Standardized Tool Scores reported to caseworker |  |
| GAIN-SS Co-Occurring |  |
| CSEC |  |
| Wraparound with Intensive Services (WISe) |  |
| Other (Identified): |  |

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| **Summary of All Follow-up Items Needed** |

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| |  | | --- | | **Caregivers** please call Apple Health Core Connections (AHCC) and request: “Health Risk Screening and Follow-Up with needs identified in the CHET”. AHCC will help you connect with appropriate providers to meet the child or youth’s physical and behavioral health care needs.  **Phone**: 1-844-354-9876 then press 1 and enter extension 6102194 (8am – 5pm M-F)  **Email:** [AHCCTeam@coordinatedcarehealth.com](file:///C:\Users\bailesm1\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\OMMHWQK6\AHCCTeam@coordinatedcarehealth.com) (Anytime)  Note: For children and youth not enrolled with AHCC, contact Fostering Well Being (FWB) for Health Care Coordination at 360-725-2626 or fwb@dshs.wa.gov. | |

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| --- | --- | --- |
| **Photo** | | |
| Date Picture Taken: | Hair Color: | Eye Color: |

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| **These records are confidential and are disclosed under the limitations of RCW 13.50.100. This disclosure does not constitute a waiver of any confidentiality or privilege attached to the records by operation of any state or federal law or regulation. The recipient of these records must comply with the laws governing confidentiality and must protect the records from unauthorized disclosure. RCW 13.50.100(5).** |