Community Colleges of Spokane

Spokane Community College

Spokane County Head Start/ECEAP/Early Head Start

Administrative Office MS 1055 ▪ 3939 N Freya St ▪ Spokane WA 99217-6800 ▪ (509) 533-4800

Dear Health Care Provider:

_____ DOB _____
has been identified as needing further follow-up and/or referral. Please review the information below and check the appropriate box with **your recommendations** for follow-up.

- ❒ I will discuss this with the parent at the next well child exam.
- ❒ The parent is to set up an appointment with me to discuss this concern.
- ❒ The parent is to call the office to arrange for further follow-up.
- ❒ No medical follow-up needed.
- ❒ Treatment plan/referral attached.
- ❒ Other: _____

INSTRUCTIONS

1. Please review all information.
2. Please complete this section.
3. Return this completed form to:
   Name: _____
   Site: _____
   FAX # _____

Thank you for your help!

Physician's signature _____ Date _____

Child's identified health concern requiring Head Start/ECEAP/EHS follow-up

Hearing screening results: _____

Vision screening results: _____

Growth assessment: Ht:_____ Wt:_____ Wt/Ht%:_____ BMI/Age:_____

CDC recommended BMI-for-age cutoffs for ages 2-20
≥ 95th percentile – overweight 85th to < 95th percentile – risk of overweight < 5th percentile – underweight
Center for Disease Control and Prevention (CDC) web site: http://www.cdc.gov/growthcharts/

We were unable to screen child because: _____

_____

Parent indicated child has a health concern that requires special attention by staff

Condition: _____

Information needed: _____

Parental Authorization for Release of Information

Parent/legal guardian *(please print)* _____

I hereby authorize: Head Start/ECEAP/EHS
AND
Primary Care Provider: _____

To receive and disclose information regarding the above health concern:

Child's name _____

Parent's signature _____ Date _____

VALID FOR ONE YEAR FROM DATE OF SIGNING
PARENT/GUARDIAN MAY REVOKE THIS AUTHORIZATION IN WRITING AT THEIR DISCRETION

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Spokane County Head Start/ECEAP/EHS
HEALTH CONCERN

Health Guidelines for Head Start/ECEAP/EHS

Head Start/Early Head Start mandates that all enrolled children have sensory screening, HCT and growth assessment within 45 days of enrollment, and based on the EPSDT guidelines. EPSDT recommends that objective hearing screening be done for newborns and annually for the 3-5y/o preschool children. These same guidelines recommend that an objective vision screening be done at age 3.

To meet this mandate, the Head Start/Early Head Start program screens with Audiometry or Otoacoustic Emissions, Snellen HOTV, Sure Sight or Photoscreening. If a child does not pass the programmed protocol for this age group or if staff are unable to obtain a screening we refer to the child's medical home for assessment and medical guidance on what the parent should do to meet the needs of their child.

PLEASE RETURN THIS FORM TO

Spokane County Head Start/ECEAP/EHS

Attention _____

Address _____

Phone _____

Fax _____