Quarterly Screening Report

Hearing & Vision Screening Programs

Bureau of Family, Maternal, & Child Health

Division of Family & Community Health

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|  Health Department: |       |
|  |  |
| Reporting Date: |       |
|  |  |
| Program: |  |
|  |  |
| Fiscal Year: |  |
|  |  |
|  | Quarter: |  |
|  |  |  |
|   |  | **Final Outcomes** |  |
|  | **Services Provided**Total of all screenings attempted. | **Passed**Total of all screenings with passing outcomes. | **Referred**Total of all screenings resulting in a doctor referral. | **Under Care /** **Diagnosed Loss**Screenings resulting in non-passing outcomes for those who have received doctor care for related concerns within a recent, specified time frame.Screenings of doctor diagnosed losses, deficits, and/or permanent difficulties with outcomes indicating no significant changes. | **Other**Total of all screenings with an inconclusive outcome either due to UTS or pending rescreens that could not be completed. | **Doctor Evals**Doctor / parent reports of follow up care. |
| **Early Childhood** …Under 3 Years …Includes Early Head Start |       |       |       |       |       |       |
| **Preschool** …3+ Years, Has Not Started Kdg. …Includes All PreK Programs(Preschool, PreK, Jr K, Young 5, Head Start, Begindergarten, etc) |       |       |       |       |       |       |
| **School Age** …Grades K - 12 |       |       |       |       |       |       |
| **Totals** | **0** | **0** | **0** | **0** | **0** | **0** |

Reporting Deadlines: Submit Completed Reports to:

Report must be submitted to MDHHS MDHHS-Hearing-and-Vision@Michigan.gov

within 30 days of the end of each quarter. Copy Hearing to: DakersJ@Michigan.gov

 Copy Vision to: SchumannR@Michigan.gov