Quarterly Screening Report



Hearing & Vision Screening Programs

Bureau of Family, Maternal, & Child Health

Division of Family & Community Health

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| Health Department: | | | | |  | | | |
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| Reporting Date: | | | | | | |  | |
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| Program: | | | | | | |  | |
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| Fiscal Year: | | | | | | |  | |
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|  | | | | Quarter: | | |  | |
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|  |  | **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](mailto:MDHHS-Hearing-and-Vision@Michigan.gov)

within 30 days of the end of each quarter. Copy Hearing to: [DakersJ@Michigan.gov](mailto:DakersJ@Michigan.gov)

Copy Vision to: [SchumannR@Michigan.gov](mailto:SchumannR@Michigan.gov)