ID#_____

# SAFE CHild Screening Tool: 3-year-olds to Kindergarten

Young children are at high risk for sustaining brain injuries. Data gathered using the SAFE CHild Screening Tool will provide information to help educators develop and implement appropriate services.

**Completing this form will not diagnose your child with a brain injury.**
**Consult a pediatrician or educator if you have brain injury concerns about your child.**

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|---|---|---|
| Today's date: | | Child's date of birth: |
| Your relationship to child: | | Child's gender: □ Male □ Female |
| Child's race: □ African American □ Caucasian □ Asian □ Hispanic □ Native American □ Other | | |
| **Sickness** | Has your child ever had a seizure, high fever (greater than 104 degrees), infection of the brain or spinal cord (e.g., meningitis or encephalitis), or other serious illness affecting the brain? | □ Yes □ No<br>If yes, how many times? _____ |
| **Accidents** | Has your child ever:<br>been in a car accident? □ Yes □ No<br>experienced a near drowning or suffocation? □ Yes □ No<br>stopped breathing for one minute or longer? □ Yes □ No<br>been exposed to a toxin (e.g., lead, carbon monoxide)? □ Yes □ No<br>or sustained a blow to the head? □ Yes □ No | □ Yes □ No<br>If yes, how many times? _____ |
| **Falls** | Has your child ever had a substantial fall resulting in a blow to the head (e.g., down stairs, from playground equipment, or when riding a tricycle/bicycle/scooter)? | □ Yes □ No<br>If yes, how many times? _____ |
| **Emergency Room** | Has your child ever needed emergency medical attention because of a loss of consciousness or blow to the head? | □ Yes □ No<br>If yes, how many times? _____ |
| **CHild Behaviors** | If you answered **YES** to any of the above questions, have you noticed any of the following behaviors in your child since the incident? Check all that apply:<br>□ Decreased strength<br>□ Frequent headaches or nausea<br>□ Frequent rubbing of eyes<br>□ Sensitivity to light or sound<br>□ Changes in activity level or tiring easily<br>□ Loss of previously-mastered skills such as toileting or handling small objects<br>□ Other _____<br>□ Coordination problems, clumsiness, loss of balance, or dizziness<br>□ Extreme irritability or crankiness<br>□ Decreased language/communication<br>□ Changes in eating or sleeping habits<br>□ Changes in play behaviors<br>□ Change in school performance | |

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