

LEADS Head Start Speech Screen

Child's Name: Leland Williams (M) F Date: 2016 Yr. 9 Mo. 26 Day
Center: Newark 2 AM PM (FD) HB DOB: 2012 11 11
Screener: Kaitlin O'Hara FSW: Natashia Foster Age: 3 10 15
Enrollment Date: 9-6-16 Parent's Name: Brent + Jennifer Williams Ph.# _____

Is child currently receiving speech/language interventions through an individualized plan? Y (N)

If yes, through who? LEA _____ SLIP Private _____

Please circle and list

School District

Where?

If yes, please explain.

1. Is this child ESL (English as a Second Language)?

[] Yes [X] No

If yes, what is the child's Primary Language? _____

2. Has the Parent expressed any concerns about the child's speech/language?

[X] Yes [] No

Explain: Mom informed teachers that he stutters and had previous speech therapy for 1.5 years at Nationwide Children's.

3. Does the child have difficulty following directions?

[] Yes [X] No

Explain: _____

4. Does the child have difficulty-expressing him/herself verbally? (i.e., knows names of things, uses a variety of words, puts together words in sentences)

[] Yes [X] No

Explain: _____

5. Does the child have difficulty answering simple questions?

[] Yes [X] No

Explain: _____

6. Does the child have difficulty asking questions?

[] Yes [X] No

Explain: _____

7. Does the child isolate him/herself from others or have difficulty playing with others? Explain: _____

[] Yes [X] No

8. Is it difficult to understand what the child says?

[] Yes [X] No

Explain: _____

9. Does the child have difficulty responding appropriately to the topic being discussed? Explain: _____

[] Yes [X] No

10. Does the child stutter?

[X] Yes [] No

Explain: When speaking longer sentences, he will repeat the first syllables of some words.

11. Does the child's voice sound unusual, i.e., raspy or hoarse?

[] Yes [X] No

Explain: _____

12. Any language concerns indicated on the Brigance Screen?

[] Yes [X] No

Explain: _____

Keep original for child's red Disabilities file. Forward copy to the Nutrition and Disabilities Manager for distribution:

[X] no additional speech assessment (passed) [] speech screening by SLP (did not pass)

***FSW be sure to input date of screen and then the results in the GE smart form

presm 07/16 MAS

Mary J. Mason, MS SLP 10/20/2016