

# LEADS Head Start Speech Screen

Child's Name: Willow Tull M ☒ F Date: 2017 Yr. 9 Mo. 15 Day  
 Center: Newark AM PM ☒ FD HB DOB: 2014 8 28  
 Screener: Donna Napper FSW: Chelsea Payne Age: 3 0 18  
 Enrollment Date: 9-14-17 Parent's Name: Misti Tull Ph.# 740 616 1182

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 ☒ No

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

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

☒ Yes ☐ No

Explain: Hard to understand some words

3. Does the child have difficulty following directions?

☒ Yes ☐ No

Explain: Will not follow directions

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 ☐ No

Explain: I can't understand every other word

5. Does the child have difficulty answering simple questions?

☒ Yes ☐ No

Explain: \_\_\_\_\_

6. Does the child have difficulty asking questions?

☐ Yes ☒ No

Explain: \_\_\_\_\_

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

☐ Yes ☒ No

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

☒ Yes ☐ No

Explain: I can only understand every other word.

9. Does the child have difficulty responding appropriately to the topic being discussed? Explain: cannot focus

☒ Yes ☐ No

10. Does the child stutter?

☐ Yes ☒ No

Explain: \_\_\_\_\_

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

☐ Yes ☒ No

Explain: \_\_\_\_\_

12. Any language concerns indicated on the Brigance Screen?

☒ Yes ☐ No

Explain: Hard to understand at times.

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

☐ 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