

# LEADS Head Start

## Speech Screen

Child's Name: Xilo Schlattman ☒ M ☐ F Date: 16 9 6 Yr. Mo. Day  
 Center: Newark AM PM ☒ D ☐ HB DOB: 13 8 30  
 Screener: Donna Napper FSW: Connie Harris Age: 3 0 7  
 Enrollment Date: 9/16/16 Parent's Name: Adam Schlattman Ph.# 7406415254

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?

[ ] Yes [X] No

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

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?

[ ] Yes [X] No

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

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?

[X] Yes [ ] No

Explain: unable to repeat sentences or make

any eye contact

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

presn 07/16 MAS

Mason, MSSRCCC - Newark City JEP  
12-8-2016