LEADS Head Start Speech Screen

	r. Mo.	Day
Center: Delawere AM PM FD HB DOB: 20	013 5	9
Screener: Danielle Brittany FSW: Kristi Age:	3 3	29
Enrollment Date: 9/6/16 Parent's Name: Nasren Al-Sadan Ph.#	None 1	isted
Is child currently receiving speech/language interventions through an individualization	zed plan?	Y
If yes, through who? LEA School District School District	Where? If yes, please	
1. Is this child ESL (English as a Second Language)? If yes, what is the child's Primary Language?	₩ Yes	
2. Has the Parent expressed any concerns about the child's speech/language? Explain:	[]Yes	₩ No
3. Does the child have difficulty following directions? Explain:	[]Yes	MNo
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) Explain:	₩ Yes	[] No
5. Does the child have difficulty answering simple questions? Explain: Only answers yes or no	Yes	[] No
6. Does the child have difficulty asking questions? Explain: does not speak English	Yes	[] No
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? Explain: Speaks Arabic	Yes	[] No
9. Does the child have difficulty responding appropriately to the topic being discussed? Explain: Speaks Arabic	X Yes	[] No
10. Does the child stutter? Explain:	[]Yes	₩No
11. Does the child's voice sound unusual, i.e., raspy or hoarse? Explain:	Yes	[] No
Teachers give completed form to FSW. FSW gives form to SLP. Contracted SLP scores form. FSW inputs results in	n GE. FSW p	laces passed

Teachers give completed form to FSW. FSW gives form to SLP. Contracted SLP scores form. FSW inputs results in GE. FSW places passed original in child's red center file. Forwards copies of all other results to the HDM.

[Ino additional speech assessment (passed) [] speech screening by SLP (scored at risk)

Continue with English

Language class room