LEADS Head Start Speech Screen

Child's Name: Brayden Taylor M F Date:	Yr. Mo. Day 2016 12 1
Center: Newark / 2 AM PM (FD) HB DOB: 2	1613 9 24
Screener: <u>Kaitlin O'Hara</u> FSW: <u>Notashia Foster</u> Age:	
Enrollment Date: 11-15-16 Parent's Name: Sandro Taylor Ph.#	
Is child currently receiving speech/language interventions through an individualized plan? Y	
If yes, through who? LEA SLIP Private	
Please circle and list School District	Where? If yes, please explain.
Is this child ESL (English as a Second Language)? If yes, what is the child's Primary Language?	[] Yes [No
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 [No
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: Brayden does not speak in sentences, He will use one or two words to respond to questions. 5. Does the child have difficulty answering simple questions? Explain:	[]Yes[V]No
6. Does the child have difficulty asking questions? Explain: Brayden does not ask questions.	Yes [] No
7. Does the child isolate him/herself from others or have difficulty playing with others? Explain: Brayden plays alone and away from	Yes [] No
8. Is it difficult to understand what the child says? Explain: Braychen speaks very quietly and in one	Yes [] No
9. Does the child have difficulty responding appropriately to the topic being discussed? Explain: Brayden will either not respond or	
answer with a phrase that doesn't make so	[]Yes[UNo
10. Does the child stutter? Explain:	[] 100 [4110
11. Does the child's voice sound unusual, i.e., raspy or hoarse? Explain:	[] Yes [JNo
12. Any language concerns indicated on the Brigance Screen? Explain: Lins only able to identify blue and gree To entifies Colors. Keep original for child's red Disabilities file. Forward copy to the Nutrition and Disabilities Manager for distribution:	MYes []No

[] 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