

# LEADS Head Start Speech Screen

Child's Name: Joseph Burch ☒ M ☐ F Date: 16 9 20  
 Center: Newark AM PM ☒ D ☐ HB DOB: 13 6 20  
 Screener: Cherisse Horton FSW: Theresa Burch Age: 3 3 0  
 Enrollment Date: 9.6.16 Parent's Name: Connie Ph.# 740.755.1079

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: \_\_\_\_\_

3. Does the child have difficulty following directions?

☒ Yes [ ] No

Explain: wanders around the classroom.  
needs one on one 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: \_\_\_\_\_

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: \_\_\_\_\_

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

[ ] 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: \_\_\_\_\_

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

11/8/2016 Newark City Presm 07/16 MAS  
Mary J. Maslin MS SLPCC 13 follows up