CSRA EOA, Inc., Head Start
CLASSROOM SPEECH SCREEN

Child’s Name: ____________________________ DOB: ________________ ASQ Date: _________________

1. Has the child passed a vision and hearing screening?
   a. If **YES** - begin speech and language screening.
   b. If **NO** - refer to the director at your site. The child must have a passed vision and hearing screening on file from the last twelve months in order to proceed.

2. **ARTICULATION/SPEECH** - Have the child repeat the following words after you. Listen to see if the child correctly makes the underlined sound.

   **Age 3**
   a. Pig Yes/No
e. Teeth Yes/No
   b. Dad Yes/No
   f. Happy Yes/No
c. Game Yes/No
   g. Fox Yes/No
d. Key Yes/No

   (Circle whether child has passed or failed below.)
   **PASS**: The child correctly makes 5 or more of the underlined sounds.
   **FAIL**: The child could not correctly make 5 or more of the underlined sounds.

   **Age 4**
   a. Pig Yes/No
g. Fox Yes/No
   b. Dad Yes/No
   h. Shoe Yes/No
c. Game Yes/No
   i. Cheese Yes/No
d. Key Yes/No
   j. Sock Yes/No
e. Teeth Yes/No
   k. Light Yes/No
   f. Happy Yes/No

   (Circle whether child has passed or failed below.)
   **PASS**: The child correctly makes 8 or more of the underlined sounds.
   **FAIL**: The child could not correctly make 8 or more of the underlined sounds.

3. Can you understand most of what the child says? **YES/NO**

   RESULTS FROM THE ARTICULATION/SPEECH SCREENER

   (Circle whether child is pass, monitor, or fail.)
   **PASS**: The child made the correct number of underlined speech sounds for his age and you understand most of what the child says in class.
   **MONITOR**: The child made the correct number of underlined speech sounds for his/her age and you understand some of what the child says in class.
   **FAIL**: The child did not make the correct number of underlined speech sounds. You understand some or little of what the child says in class.
4. **LANGUAGE**
Complete the ASQ-3 COMMUNICATION questions based on the child’s age. Score the child’s answers.

**RESULTS FROM THE LANGUAGE SCREENER**

(Circle whether the child is pass, monitor, or fail.)

**PASS**- The child’s total score is in the white area of the score chart.

**MONITOR**- The child’s total score is in the grey area of the score chart.

**FAIL**- The child’s total score is in the black area of the score chart.

5. **FLUENCY**
(Circle whether the child is pass, monitor, or fail.)

**PASS**- The child speaks as smoothly as peers.

**MONITOR**- The child occasionally repeats part of a word (d-d-dog) or whole words (my my name)

**FAIL**- The child frequently repeats part of a word or whole words. The child appears to get “stuck” trying to get a word out when speaking.

If the child failed, please gather required paperwork along with permission to evaluate forms and forward to your designated Education, Disabilities, & Mental Health (EDM) Specialist.

Child: PASSED/FAILED  Teacher: __________________________ Date: ________________