

MONTGOMERY COUNTY PUBLIC SCHOOLS

Prekindergarten/Head Start Speech-Language Screening Instrument

Division of Early Childhood Programs and Services
 MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

INSTRUCTIONS

This screening test is to be administered by a speech/language pathologist. For each response, place a check (✓) in column "C" (Correct) or column "I" (Incorrect) as appropriate. Space is provided for child's response. Write "NR" for no response.

STUDENT INFORMATION

Student Name _____ Current school _____
 Birthdate ___/___/___ Age _____ Test Date ___/___/___ Home school _____
 Primary language _____ Teacher _____ Speech pathologist _____

PART I: LANGUAGE

		Check One	
		Correct	Incorrect
A. GENERAL INFORMATION			
1. Tells first and last name	_____	1. <input type="checkbox"/>	<input type="checkbox"/>
2. Tells age	_____	2. <input type="checkbox"/>	<input type="checkbox"/>
B. NUMBER CONCEPTS			
3. Rote counts to 10	_____	3. <input type="checkbox"/>	<input type="checkbox"/>
4. Counts blocks to 5	_____	4. <input type="checkbox"/>	<input type="checkbox"/>
C. COLORS (Display 6 colored blocks; point to each and ask: "What color is this block?")			
5. Blue <input type="checkbox"/> Yellow <input type="checkbox"/> Purple <input type="checkbox"/> Green <input type="checkbox"/> Red <input type="checkbox"/> Orange <input type="checkbox"/> (Passing criteria: 3 correct) (If not correct, ask child to point to colored blocks.) _____/_____ correct		5. <input type="checkbox"/>	<input type="checkbox"/>
D. PREPOSITIONS (Demonstrate with block and box and ask: "Where is the block?")			
6. In	_____	6. <input type="checkbox"/>	<input type="checkbox"/>
7. Under	_____	7. <input type="checkbox"/>	<input type="checkbox"/>
8. On	_____	8. <input type="checkbox"/>	<input type="checkbox"/>
9. Behind/In back of (If incorrect, ask child to place block in that position.) _____/_____ correct (Check correct responses: In <input type="checkbox"/> Under <input type="checkbox"/> On <input type="checkbox"/> Behind <input type="checkbox"/>)		9. <input type="checkbox"/>	<input type="checkbox"/>
E. IDENTIFIES BODY PARTS (Ask child to point to body parts. Check those identified correctly.) (Passing criteria: 6 or more correct)			
10. Nose <input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Mouth <input type="checkbox"/> Hair <input type="checkbox"/> Finger <input type="checkbox"/> Knee <input type="checkbox"/> Elbow <input type="checkbox"/> Arm <input type="checkbox"/> Foot <input type="checkbox"/> Total Correct _____/10		10. <input type="checkbox"/>	<input type="checkbox"/>
F. COMPREHENDS SENSES (Read practice sentence to child.) "We use our hands to (touch/feel.)"			
11. "We use our eyes to _____." (see/look)		11. <input type="checkbox"/>	<input type="checkbox"/>
12. "We use our nose to _____." (smell/breathe)		12. <input type="checkbox"/>	<input type="checkbox"/>
13. "We use our ears to _____." (hear/listen)		13. <input type="checkbox"/>	<input type="checkbox"/>
G. CATEGORIES (Use picture provided and say:)			
14. "Show me all the animals." _____		14. <input type="checkbox"/>	<input type="checkbox"/>
15. "Show me all the food." _____		15. <input type="checkbox"/>	<input type="checkbox"/>
H. ANSWERING QUESTIONS (Ask sample question.) "What are you sitting on?" (Explain as necessary.)			
16. What flies in the sky? _____		16. <input type="checkbox"/>	<input type="checkbox"/>
17. What animal swims in the water? _____		17. <input type="checkbox"/>	<input type="checkbox"/>
18. What animal bites people? _____		18. <input type="checkbox"/>	<input type="checkbox"/>
19. What do you do when you are hungry? _____		19. <input type="checkbox"/>	<input type="checkbox"/>
20. What do you wear when it's cold outside? _____		20. <input type="checkbox"/>	<input type="checkbox"/>
21. What do you do when your hands are dirty? _____		21. <input type="checkbox"/>	<input type="checkbox"/>
I. LISTENING COMPREHENSION (Directions: "I'm going to tell you a story. It has no pictures. Listen carefully. When I'm finished, I will ask you some questions about the story.") (Read:) "One day, a man was painting a house. He was standing on a ladder. A bee buzzed around his head. The man climbed down and waited until the bee flew away."			
22. Who was painting the house? _____		22. <input type="checkbox"/>	<input type="checkbox"/>
23. Where was he standing? _____		23. <input type="checkbox"/>	<input type="checkbox"/>
24. Why did he climb down? _____		24. <input type="checkbox"/>	<input type="checkbox"/>

Student name _____

Signature, Speech-language pathologist _____

PART I: LANGUAGE (continued)

		Check One	
		Correct	Incorrect
J. AUDITORY MEMORY FOR SENTENCES (Example—say: "Black cat")			
25. "Toy...Chair...Light" _____	25.	<input type="checkbox"/>	<input type="checkbox"/>
26. "Cars are big." _____	26.	<input type="checkbox"/>	<input type="checkbox"/>
27. "He sleeps in a bed." _____	27.	<input type="checkbox"/>	<input type="checkbox"/>
28. "The boy played ball with his dog." _____	28.	<input type="checkbox"/>	<input type="checkbox"/>
K. EXPRESSIVE LANGUAGE SAMPLE (Use sequence picture provided. Point to each picture and say: "Tell me a story about these pictures." Record responses on lines provided, including articulation errors. Give credit if the child uses a minimum of three phrases or sentences that include action words.)			
29. _____	29.	<input type="checkbox"/>	<input type="checkbox"/>
L. SYNTAX (Record any grammatical differences or errors on lines provided.)			
M. FOLLOWING DIRECTIONS (Say: "Listen carefully. I want you to do three things.")			
30. "Clap your hands. Put your hands on your head. Touch your nose." (Passing criteria: Child performs all 3 directions.) If incorrect, say: "Close your eyes. Clap your hands."	30.	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL		Correct	Incorrect
		_____	_____

PART II: SPEECH

A. ARTICULATION (Record sound errors.)

Spontaneous speech: Intelligible Not intelligible Intelligible with careful listening Not enough said to judge
 If multiple errors, administer *Pre-kindergarten/Head Start Articulation Screening* and check oral motor functioning.

Adequate Recheck

B. FLUENCY: Fluent Dysfluent Comments _____

C. VOICE: Adequate If not adequate, describe quality. _____

PART III: HEARING

No known problem Suspect problem

History of Problem _____

PART IV: FOLLOW-UP AND COMMENTS

1. Speech and language is within normal limits.

2. Confer with team/observe further.

3. Emergent Multilingual Learner (EML)

4. Administered in (language) _____

COMMENTS