



Sacramento City Unified School District  
**CHILD DEVELOPMENT DEPARTMENT**

**SPEECH AND LANGUAGE SCREENER**  
 (See Page C-33 of the *BRIGANCE* Preschool Screen II)

	Year	Month	Day
Entry Date:	_____	_____	_____
Screening Date:	_____	_____	_____
Birth Date:	_____	_____	_____
Chronological Age:	_____	_____	_____

**A. CHILD DATA**

Child's Name: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Assessed in Primary Language:  Yes  No Name of Assessor: \_\_\_\_\_

Site: \_\_\_\_\_  AM  PM Program:  HS  SP  FD  Wrap  HB Teacher: \_\_\_\_\_

B. SUPPLEMENTAL LANGUAGE ASSESSMENT		C. LANGUAGE SAMPLE
Page	Circle the skill for each correct response. Obtain a language sample and make notes as appropriate.	(Record child's spontaneous and elicited remarks as he/she responds to the picture.)
<b>C33</b>	<b>Responds to Picture:</b> 1. Names objects. 2. Uses phrases. 3. Uses complete sentences. 4. Tells what is happening. 5. Anticipates events.	
<b>D. SPEECH</b> - Overall, child's speech was: <input type="checkbox"/> Easy to understand <input type="checkbox"/> Difficult to understand <input type="checkbox"/> Verbal communication appeared to be: ___ limited, ___ inhibited <input type="checkbox"/> Difficulty with articulation was indicated by: ___ omission of sounds, ___ distortion of sounds <input type="checkbox"/> Voice was unusual: ___ hoarse, ___ raspy, ___ low-pitched, ___ high-pitched, ___ too loud, ___ too soft		
<b>E. LANGUAGE SKILLS:</b> <input type="checkbox"/> Appears to have difficulty <u>comprehending</u> language <input type="checkbox"/> Appears to have difficulty <u>expressing</u> language <input type="checkbox"/> Child is an English Language Learner and teacher has no concerns at this time.		
<b>F. SUMMARY AND RECOMMENDATIONS:</b> <input type="checkbox"/> <b>Passed</b> <input type="checkbox"/> <b>Re-screen</b> within 45 days: ____/____/____ <input type="checkbox"/> <b>Refer:</b> Send the <u>pink</u> copy of this form, along with a completed "Request for Speech & Language Screening" form, to the school-site speech teacher (LSHS). <b>Teacher Comments:</b> _____ _____ _____		

**Distribution:** White – Child's Classroom File    Yellow – Resource Teacher    Pink – If referring: Send to school-site LSHS along with completed "Request for Speech/Language Screening" form