



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
Enrollment 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 CC 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.)
C33	Responds to Picture: 1. Names objects. 2. Uses phrases. 3. Uses complete sentences. 4. Tells what is happening. 5. Anticipates events.	
D. SPEECH - 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		
E. LANGUAGE SKILLS: <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.		
F. SUMMARY AND RECOMMENDATIONS: <input type="checkbox"/> Passed <input type="checkbox"/> Re-screen within 45 days: ____/____/____ <input type="checkbox"/> Refer: 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). Teacher Comments: _____ _____ _____		

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