

# 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
<b>A. GENERAL INFORMATION</b>			
1.	Tells first and last name _____	<input type="checkbox"/>	<input type="checkbox"/>
2.	Tells age _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. NUMBER CONCEPTS</b>			
3.	Rote counts to 10 _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Counts blocks to 5 _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. COLORS (Display 6 colored blocks; point to each and ask: "What color is this block?" (Circle correct responses.)</b>			
5.	Blue Yellow Purple Green Red Orange (Passing criteria: 3 correct) (If not correct, ask child to point to colored blocks.) ____/____ correct	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. PREPOSITIONS (Demonstrate with block and box and ask: "Where is the block?"</b>			
6.	In _____	<input type="checkbox"/>	<input type="checkbox"/>
7.	Under _____	<input type="checkbox"/>	<input type="checkbox"/>
8.	On _____	<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"/> )	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. IDENTIFIES BODY PARTS (Ask child to point to body parts. Check those identified correctly.) (Passing criteria: 6 or more correct)</b>			
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	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. COMPREHENDS SENSES (Read practice sentence to child.) "We use our hands to (touch/feel.)"</b>			
11.	"We use our eyes to _____" (see/look)	<input type="checkbox"/>	<input type="checkbox"/>
12.	"We use our nose to _____" (smell/breathe)	<input type="checkbox"/>	<input type="checkbox"/>
13.	"We use our ears to _____" (hear/listen)	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. CATEGORIES (Use picture provided and say:)</b>			
14.	"Show me all the animals." _____	<input type="checkbox"/>	<input type="checkbox"/>
15.	"Show me all the food." _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>H. ANSWERING QUESTIONS (Ask sample question.) "What are you sitting on?" (Explain as necessary.)</b>			
16.	What flies in the sky? _____	<input type="checkbox"/>	<input type="checkbox"/>
17.	What animal swims in the water? _____	<input type="checkbox"/>	<input type="checkbox"/>
18.	What animal bites people? _____	<input type="checkbox"/>	<input type="checkbox"/>
19.	What do you do when you are hungry? _____	<input type="checkbox"/>	<input type="checkbox"/>
20.	What do you wear when it's cold outside? _____	<input type="checkbox"/>	<input type="checkbox"/>
21.	What do you do when your hands are dirty? _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>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."</b>			
22.	Who was painting the house? _____	<input type="checkbox"/>	<input type="checkbox"/>
23.	Where was he standing? _____	<input type="checkbox"/>	<input type="checkbox"/>
24.	Why did he climb down? _____	<input type="checkbox"/>	<input type="checkbox"/>

Student name \_\_\_\_\_

Signature, Speech-language pathologist \_\_\_\_\_

**PART I: LANGUAGE (continued)**

		<b>Check One</b>	
		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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_