

Reading Screening – Entering 1st grade

NAME _____

AGE _____

DATE _____

HISTORY SCREENING (use at the school physical visit)

Infancy

Did your child...

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Say single words by 18 months (ex. drink, juice, mommy)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Understand 250 words by 18 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Speak in 2-3 word phrases by 2 years (ex. go car, want cookie)? | <input type="checkbox"/> | <input type="checkbox"/> |

After completing the 4 y/o voluntary prekindergarten (VPK)

Did your child...

- | | | |
|---|--------------------------|--------------------------|
| • Eliminate sounds from words (chi-en for chicken, -at for cat, ju- for juice)? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Could your child...

- | | | |
|--|--------------------------|--------------------------|
| • Recite simple nursery rhymes (ex. Humpty Dumpty)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Identify words that rhyme with each other (ex. run/fun)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Name at least 10 upper case letters (ex. A,K,S... not a,k,s) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Identify the letters in his/her own name? | <input type="checkbox"/> | <input type="checkbox"/> |

After completing the Kindergarten

Could your child...

- | | | |
|---|--------------------------|--------------------------|
| • Name most of the upper and lower case letters? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Say the sound of most letters? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Match a beginning sound to a word starting with that sound (ex. sss to sun)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Identify the beginning sounds of spoken words? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Write his/her first and last name? | <input type="checkbox"/> | <input type="checkbox"/> |
| IV. Is there a family history of language and/or reading problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a concern about your child's reading readiness? | <input type="checkbox"/> | <input type="checkbox"/> |
| VI. Clinician's concern | <input type="checkbox"/> | <input type="checkbox"/> |

History Total