

Reading Screening – Entering Kindergarten

NAME _____

AGE _____

DATE _____

HISTORY SCREENING (use at the school physical visit)

	Yes	No
<i>Did your child...</i>		
• 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)		
<i>Did your child...</i>		
• Eliminate sounds from words (chi-en for chicken, -at for cat, ju- for juice) ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Could your child...</i>		
• 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		
<i>Could your child...</i>		
• 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"/>
After completing the First Grade		
• Can your child separate and/or count the sounds in a word?.....	<input type="checkbox"/>	<input type="checkbox"/>
• Does your child sound out unfamiliar words while reading?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Does your child have problems finding the right word?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV. Is there a family history of language and/or reading problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a concern about your child's reading abilities?	<input type="checkbox"/>	<input type="checkbox"/>
VI. Clinician's concern	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	