

# Reading Screening – Entering Kindergarten

NAME \_\_\_\_\_

AGE \_\_\_\_\_

DATE \_\_\_\_\_

**HISTORY SCREENING** *(use at the school physical visit)*

*Did your child...*

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| • Say single words by 18 months <i>(ex. drink, juice, mommy)?</i> .....        | <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 <i>(ex. go car, want cookie)?</i> ..... | <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 checked="" 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"/> |

**After completing the First Grade**

- |   |                                     |                          |
|---|-------------------------------------|--------------------------|
| • Can your child separate and/or <i>count the</i> 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"/>
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Is there a concern about your child's reading abilities? .....

	<input type="checkbox"/>	<input type="checkbox"/>
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VI. **Clinician's concern** .....

	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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