



# Pre-kindergarten/Head Start Speech-Language Screening Instrument

Division of Early Childhood Programs and Services  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20852

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**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's name \_\_\_\_\_ Current school \_\_\_\_\_  
Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Test Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Home school \_\_\_\_\_  
Primary language \_\_\_\_\_ Teacher \_\_\_\_\_ Speech pathologist \_\_\_\_\_

## PART I: LANGUAGE

### A. GENERAL INFORMATION

1. Tells first and last name \_\_\_\_\_  
2. Tells age \_\_\_\_\_

### B. NUMBER CONCEPTS

3. Rote counts to 10 \_\_\_\_\_  
4. Counts blocks to 5 \_\_\_\_\_

### C. COLORS (Display 6 colored blocks; point to each and ask:) "What color is this block?" (Circle correct responses.)

5. Blue Yellow Purple Green Red Orange (Passing criteria: 3 correct)  
(If not correct, ask child to point to colored blocks.) \_\_\_\_/\_\_\_\_ correct

### D. PREPOSITIONS (Demonstrate with block and box and ask:) "Where is the block?"

6. In \_\_\_\_\_  
7. Under \_\_\_\_\_  
8. On \_\_\_\_\_  
9. Behind/In back of \_\_\_\_\_  
(If incorrect, ask child to place block in that position.) \_\_\_\_/\_\_\_\_ correct  
(Check correct responses: In ☐ Under ☐ On ☐ Behind ☐)

### E. IDENTIFIES BODY PARTS (Ask child to point to body parts. Check those identified correctly.) (Passing criteria: 6 or more correct)

- Nose ☐ Eyes ☐ Ears ☐ Mouth ☐ Hair ☐  
Finger ☐ Knee ☐ Elbow ☐ Arm ☐ Foot ☐ Total Correct \_\_\_\_/10

### F. COMPREHENDS SENSES (Read practice sentence to child.) "We use our hands to (touch/feel.)"

11. "We use our eyes to \_\_\_\_\_." (see/look)  
12. "We use our nose to \_\_\_\_\_." (smell/breathe)  
13. "We use our ears to \_\_\_\_\_." (hear/listen)

### G. CATEGORIES (Use picture provided and say:)

14. "Show me all the animals." \_\_\_\_\_  
15. "Show me all the food." \_\_\_\_\_

### H. ANSWERING QUESTIONS (Ask sample question.) "Who cries?" (Explain as necessary.)

16. What flies in the sky? \_\_\_\_\_  
17. What animal swims in the water? \_\_\_\_\_  
18. What animal bites people? \_\_\_\_\_  
19. What do you do when you are hungry? \_\_\_\_\_  
20. What do you wear when it's cold outside? \_\_\_\_\_  
21. What do you do when you're sleepy? \_\_\_\_\_

### 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."

22. Who was painting the house? \_\_\_\_\_  
23. Where was he standing? \_\_\_\_\_  
24. Why did he climb down? \_\_\_\_\_

## Check One Correct/Incorrect

1. ☐ ☐  
2. ☐ ☐  
3. ☐ ☐  
4. ☐ ☐  
5. ☐ ☐  
6. ☐ ☐  
7. ☐ ☐  
8. ☐ ☐  
9. ☐ ☐  
10. ☐ ☐  
11. ☐ ☐  
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13. ☐ ☐  
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15. ☐ ☐  
16. ☐ ☐  
17. ☐ ☐  
18. ☐ ☐  
19. ☐ ☐  
20. ☐ ☐  
21. ☐ ☐  
22. ☐ ☐  
23. ☐ ☐  
24. ☐ ☐

Student's name \_\_\_\_\_

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

**PART I: LANGUAGE (continued)**

**Check One**  
Correct/Incorrect

J. AUDITORY MEMORY FOR SENTENCES (Example—say: "Black cat")

25. "Toy...Chair...Light" \_\_\_\_\_

25. ☐ ☐

26. "Cars are big." \_\_\_\_\_

26. ☐ ☐

27. "He sleeps in a bed." \_\_\_\_\_

27. ☐ ☐

28. "The boy played ball with his dog." \_\_\_\_\_

28. ☐ ☐

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. ☐ ☐

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. ☐ ☐

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. English Language Learner (ELL)

☐ 4. Administered in (language) \_\_\_\_\_

COMMENTS

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