Speech & Language Screening

Center: _____ Class: A C D

Please fill out in pencil. Write DARK.

Name (Last name first, please)	Speech Screen		Language Screen			Speech Rescreen			Language Rescreen				Referral			
	date	result	date	result	S.C.	date sch.	date (actu)	result	date sch.	date (actu)	result	S.C.	Date	Certified?	IEP Date	Comments

Result Codes
P = pass
F = fail
N = failed first, needs rescreen
U = could not test
Q = passed 2nd screen
G = failed 2nd screen

Screener Codes / S.C.
S = Head Start Staff
B = speech therapist for school system
O = any other

Note: If child entered program already certified, enter as a fail. Leave the date of the screenings blank. Be sure to add IEP date that was completed in the previous year.