







BRIGANCE® Screen III Supplemental Assessments—Three-Year-Old Child Data Sheet



A. Child's Name _____ Date of Screening _____ Year _____ Month _____ Day _____ School/Program _____
 Parent(s)/Guardian _____ Birth Date _____ Teacher _____
 Address _____ Age _____ Examiner _____

B. Supplemental Assessments			C. Accuracy
Page	Domain	Directions: Assessments may be administered in any order. For each assessment, start with the first item and proceed in order. Give credit for a skill by circling the item number. ①. For a skill not demonstrated (an incorrect response), slash through the item number. ✗.	Number Correct/ Number of Items
62	Language Development	1S Responds to Picture 1. Names objects 2. Uses phrases 3. Uses complete sentences 4. Tells what is happening 5. Anticipates events	___ / 5
63	Language Development	2S Articulates Initial Sounds Articulates: <i>h m p w t d</i> <i>k f s th wh z</i>	___ / 12
65	Language Development	3S Names Colors Names: 1. blue 2. green 3. yellow 4. red 5. orange 6. pink 7. black 8. purple 9. white 10. brown	___ / 10
67	Physical Development	4S Gross Motor Skills 1. Walks forward heel-to-toe five steps 2. Hops five hops on preferred foot 3. Hops five hops on other foot 4. Stands on one foot for ten seconds 5. Stands on other foot for ten seconds	___ / 5
69	Physical Development	5S Visual Motor Skills Draws: 1. ✗ 2. □ 3. □	___ / 3
D. Other Skills: <i>(List other skills that may have been mastered or observed.)</i> _____ _____ _____ _____ _____ _____ _____ _____ _____			E. Summary and Recommendations: _____ _____ _____ _____ _____ _____ _____ _____ _____

BRIGANCE® Screen III Supplemental Assessments—Four-Year-Old Child Data Sheet



A. Child's Name _____ Date of Screening _____ Year _____ Month _____ Day _____ School/Program _____
 Parent(s)/Guardian _____ Birth Date _____ Teacher _____
 Address _____ Age _____ Examiner _____

B. Supplemental Assessments			C. Accuracy
Page	Domain	Directions: Assessments may be administered in any order. For each assessment, start with the first item and proceed in order. Give credit for a skill by circling the item number. ①. For a skill not demonstrated (an incorrect response), slash through the item number. <i>χ</i> .	Number Correct/ Number of Items
72	Language Development	65 Responds to Picture 1. Tells what is happening 2. Anticipates events 3. Uses time concepts 4. Compares objects 5. Tells a story about the picture	___/5
74	Academic/ Cognitive: Literacy	75 Auditory Discrimination Discriminates beginning consonant sounds: 1. go-so 2. rain-rain 3. job-job 4. pig-big 5. fan-van	___/5
75	Academic/ Cognitive: Mathematics	85 Matches Quantities with Numerals Matches quantity with numeral for: 1. 2 2. 4 3. 3 4. 8 5. 6	___/5
76	Physical Development	95 Gross Motor Skills 1. Stands on either foot for ten seconds 2. Stands on one foot momentarily with eyes closed 3. Walks backward toe-to-heel four steps 4. Hops a distance of 10 feet (3 m) on preferred foot 5. Hops a distance of 10 feet (3 m) on other foot	___/5
78	Physical Development	105 Visual Motor Skills Draws: 1. △ 2. ◇	___/2
D. Other Skills: <i>(List other skills that may have been mastered or observed.)</i> _____ _____ _____ _____ _____ _____ _____			E. Summary and Recommendations: _____ _____ _____ _____ _____ _____ _____

Screening Observations Form

Child's Name _____

Child's Age _____ Date _____

Examiner's Name _____

Directions: Based on observations made during the screening, check any significant observations that you believe are suggestive of a problem and warrant referral for additional screening or treatment.

A. Vision

<input type="checkbox"/>	showed symptoms of eye fatigue or stress, such as ___ blinking ___ squinting ___ itching ___ tearing
<input type="checkbox"/>	appeared to have an eye infection indicated by ___ redness ___ discharge
<input type="checkbox"/>	held reading material very close
<input type="checkbox"/>	held reading material far away
<input type="checkbox"/>	tended to close or squint one eye in order to see better

B. Auditory

<input type="checkbox"/>	needed to watch speaker's face closely in order to understand
<input type="checkbox"/>	appeared to have difficulty hearing over background noise
<input type="checkbox"/>	turned head to one side in order to favor one ear
<input type="checkbox"/>	frequently misunderstood instructions
<input type="checkbox"/>	asked that instructions be repeated

C. Speech

<input type="checkbox"/>	was difficult to understand
<input type="checkbox"/>	had difficulty with articulation as indicated by ___ omission ___ substitution ___ distortion
<input type="checkbox"/>	voice quality: ___ raspy ___ breathy ___ nasal ___ high-pitched ___ low-pitched
<input type="checkbox"/>	volume: ___ too loud ___ too weak
<input type="checkbox"/>	oral expression appeared to be limited or inhibited, possibly due to shyness, fear, or lack of confidence

D. Self-Reliance

<input type="checkbox"/>	lacked confidence
<input type="checkbox"/>	was overly confident
<input type="checkbox"/>	was careless
<input type="checkbox"/>	needed encouragement in order to perform
<input type="checkbox"/>	needed praise in order to perform
<input type="checkbox"/>	needed continuous individual attention in order to perform
<input type="checkbox"/>	was overly concerned about failure

E. Emotional Functioning

<input type="checkbox"/>	appeared to be emotionally distressed
<input type="checkbox"/>	level of motivation appeared to be low
<input type="checkbox"/>	required much praise, encouragement, and attention
<input type="checkbox"/>	rapport was difficult to achieve and maintain
<input type="checkbox"/>	had difficulty cooperating
<input type="checkbox"/>	responded impulsively
<input type="checkbox"/>	became impatient when presented with difficult task
<input type="checkbox"/>	had short attention span for age
<input type="checkbox"/>	tended to be hyperactive
<input type="checkbox"/>	exhibited nervous habits or symptoms, such as nail-biting, facial tics, thumb-sucking, and stuttering

F. Motor Skills

<input type="checkbox"/>	gross motor skills and development appeared to be significantly below age
<input type="checkbox"/>	fine motor skills and development appeared to be significantly below age

G. Physical Appearance

<input type="checkbox"/>	appeared to lack good physical health and stamina
<input type="checkbox"/>	appeared to tire easily

List any additional behaviors or symptoms that were observed:

Teacher Feedback Form—Three-Year-Old Child

Child's Name _____

Child's Age _____ Date _____

Teacher's Name _____

Purpose: As a teacher, your feedback is central to help determine program placement and planning for this child. Use the items listed below to guide your feedback.
Directions: Read each item and check the column ("No," "Uncertain," or "Yes") on the right that best applies to this child.

Language Development

Does this child	No	Uncertain	Yes
1. orally express needs and make requests?			
2. repeat simple sentences of eight syllables in length?			
3. correctly use prepositions and irregular plural nouns?			
4. follow one-step directions?			
5. identify (point to) the colors red, blue, green, yellow, and orange?			
6. tell use of objects such as book, scissors, and stove?			
7. point to parts of the body as listed below when requested? (If yes, please circle.) 1 stomach 2 neck 3 back 4 knees 5 thumbs 6 fingernails			
8. name common objects in pictures as listed below? (If yes, please circle.) 1 boat 2 scissors 3 kite 4 wagon 5 ladder 6 fish			

Academic Skills/Cognitive Development

Can this child	No	Uncertain	Yes
9. tell others his/her first name?			
10. tell others his/her last name?			
11. tell others his/her age?			
12. talk about actions in books?			
13. listen attentively to stories read to him/her?			
14. recognize front and back of book?			
15. take part in reading by filling in words and phrases when read to?			
16. demonstrate the concepts of two, three, and five by giving correct quantity when requested?			
17. count by rote to five?			

Physical Development

Does this child	No	Uncertain	Yes
18. usually go up and down stairs without difficulty?			
19. stand on one foot for five seconds?			
20. stand on other foot for five seconds?			

Does this child	No	Uncertain	Yes
21. walk forward heel-to-toe four steps?			
22. consistently use the same hand for performing?			
23. copy a vertical line? ()			
24. copy a horizontal line? (—)			
25. copy a circle?			
26. copy a plus sign?			
27. use scissors to cut paper?			
28. build a tower with one-inch blocks? (If yes, please circle how many.) 6 7 8 9 10			
29. *appear to have good physical health and stamina?			
30. *appear to be free of physical/mental conditions or problems that might cause a need for special services?			
Self-help Skills			
Does this child	No	Uncertain	Yes
31. hold glass with one hand while drinking?			
32. control spoon or fork when eating?			
33. hold spoon or fork in fingers, not fist?			
34. wash and dry his/her hands without help?			
35. undress without help?			
36. dress without help?			
37. fasten (button) clothing?			
38. care for toileting needs with assistance?			
Social and Emotional Development			
Does this child	No	Uncertain	Yes
39. greet others in an appropriate manner?			
40. usually play well with at least one child?			
41. show concern for using materials safely and appropriately?			
42. show pride in sharing new accomplishments and skills?			
43. usually make an effort to solve problems before seeking help?			
44. usually maintain interest in an activity for at least ten minutes?			
45. usually accept limits set by adults?			
46. usually reflect a happy disposition?			
47. usually take care of personal belongings?			

*If the answer to this question is "No" or "Uncertain," please explain any conditions or problems on the back of this form.

Teacher Feedback Form—Four-Year-Old Child

Child's Name _____

Child's Age _____ Date _____

Teacher's Name _____

Purpose: As a teacher, your feedback is central to help determine program placement and planning for this child. Use the items listed below to guide your feedback.
Directions: Read each item and check the column ("No," "Uncertain," or "Yes") on the right that best applies to this child.

Language Development

Does this child	No	Uncertain	Yes
1. name five colors when requested?			
2. name ten colors when requested?			
3. follow two-step verbal directions in the sequence given?			
4. name pictures of objects as listed below? (If yes, please circle.) 1 scissors 2 duck 3 snake 4 wagon 5 ladder 6 leaf 7 owl 8 nail			
5. name parts of the body as listed below when pointed to? (If yes, please circle.) 1 stomach 2 neck 3 back 4 knees 5 thumbs 6 fingernails			
6. speak clearly in complete sentences (of at least three words)?			

Academic Skills/Cognitive Development

Can this child	No	Uncertain	Yes
7. tell others his/her first name?			
8. tell others his/her last name?			
9. tell others his/her age?			
10. tell others his/her gender?			
11. tell others his/her street address?			
12. visually discriminate which one of four geometric forms is different?			
13. visually discriminate which one of four uppercase letters is different?			
14. recognize some lowercase letters?			
15. recognize some uppercase letters?			
16. comprehend pictures depicting action in books?			
17. count by rote to ten?			
18. recognize different quantities of objects up to five, seven, and nine when requested?			
19. read numerals to ten?			
20. sort objects by one and two attributes?			

Physical Development

Does this child	No	Uncertain	Yes
21. walk forward heel-to-toe five steps?			
22. hop on one foot and other foot five times?			
23. stand on one foot and other foot for ten seconds?			
24. use the same hand as the preferred hand?			
25. discriminate between his/her right hand and left hand?			
26. copy a circle and a plus sign?			
27. copy an X, a square, and a rectangle?			
28. print his/her first name?			
29. draw pictures that are recognizable?			
30. use scissors to cut paper?			
31. *appear to have good physical health and stamina?			
32. *appear to be free of physical/mental conditions or problems that might cause a need for special services?			

Self-help Skills

Does this child	No	Uncertain	Yes
33. dress without help?			
34. fasten (button) his/her clothing?			
35. untie his/her shoes?			
36. know which shoe goes on which foot?			
37. totally care for toileting needs?			

Social and Emotional Development

Does this child	No	Uncertain	Yes
38. greet others in an appropriate manner?			
39. usually share and take turns willingly?			
40. usually play well with at least one child?			
41. usually play cooperatively in a small-group activity or game?			
42. show concern for using materials safely and appropriately?			
43. willingly engage in a new activity?			
44. usually continue a task until completed or until it is time to stop?			
45. usually accept limits set by an adult?			
46. express needs and requests verbally rather than by inappropriate means?			
47. usually reflect a happy disposition?			

*If the answer to this question is "No" or "Uncertain," please explain any conditions or problems on the back of this form.

Teacher Feedback Form—Five-Year-Old Child

Child's Name _____

Child's Age _____ Date _____

Teacher's Name _____

Purpose: As a teacher, your feedback is central to help determine program placement and planning for this child. Use the items listed below to guide your feedback.
Directions: Read each item and check the column ("No," "Uncertain," or "Yes") on the right that best applies to this child.

Language Development

Does this child	No	Uncertain	Yes
1. name ten colors when requested?			
2. name parts of the body as listed below when pointed to? (If known, please circle.) 1 thumbs 2 fingernails 3 chin 4 chest 5 elbows 6 shoulders			
3. answer "where" and "when" questions?			
4. follow three-step verbal directions in the sequence given?			
5. speak clearly in complete sentences of at least five words?			

Academic Skills/Cognitive Development

Can this child	No	Uncertain	Yes
6. tell others his/her first and last name?			
7. tell others his/her age?			
8. tell others his/her street address?			
9. tell others his/her birth date (month and day)?			
10. tell others his/her telephone number (if applicable)?			
11. retell a story with a beginning, middle, and end?			
12. recognize most (20 or more) lowercase letters?			
13. recognize most (20 or more) uppercase letters?			
14. recognize his/her name in print?			
15. count by rote to ten?			
16. count by rote to 20?			
17. count by rote to 30?			
18. match quantities with numerals 2 through 4?			
19. match quantities with numerals 5 through 8?			
20. join groups of objects to six?			
21. join groups of objects to ten?			

Physical Development

Does this child	No	Uncertain	Yes
22. stand on one foot and other foot for ten seconds?			

Does this child	No	Uncertain	Yes
23. stand on one foot and other foot momentarily with eyes closed?			
24. walk backward toe-to-heel four steps?			
25. discriminate between his/her right hand and left hand?			
26. follow the pattern of working left to right and top to bottom?			
27. copy an X and a square?			
28. copy a rectangle and a triangle?			
29. copy a diamond?			
30. print his/her first name?			
31. print his/her last name?			
32. draw pictures that are recognizable?			
33. draw a picture of a person that includes five body parts such as head, legs, ears, arms, and trunk?			
34. draw a picture of a person that includes ten body parts such as eyes, nose, neck, hands, and mouth?			
35. successfully complete arts and crafts projects appropriate for age?			
36. *appear to have good physical health and stamina?			
37. *appear to be free of physical/mental conditions or problems that might cause a need for special services?			

Self-help Skills

Does this child	No	Uncertain	Yes
38. dress himself/herself?			
39. totally care for toileting needs?			
40. know which shoe goes on which foot?			
41. tie his/her shoes?			

Social and Emotional Development

Does this child	No	Uncertain	Yes
42. usually react to disappointment and failure in an acceptable manner?			
43. usually share and take turns willingly?			
44. willingly play cooperatively in a large-group activity or game?			
45. show concern for using materials safely and appropriately?			
46. usually make an effort to solve problems before seeking help?			
47. usually continue a task until completed or until it is time to stop?			
48. usually transition appropriately from one activity to another?			
49. usually ask before using another child's toy or things?			

*If the answer to this question is "No" or "Uncertain," please explain any conditions or problems on the back of this form.

Parent Feedback Form—Three-Year-Old Child

Child's Name _____

Child's Age _____ Date _____

Parent's Name _____

Purpose: As a parent, your feedback is central to help determine program placement and planning for your child. Use the items listed below to guide your feedback.
Directions: Read each item and check the column ("No," "Uncertain," or "Yes") on the right that best applies to your child.

Language Development

Does your child	No	Uncertain	Yes
1. orally express needs and make requests?			
2. repeat simple sentences of eight syllables in length?			
3. correctly use prepositions and irregular plural nouns?			
4. follow one-step directions?			
5. identify (point to) the colors red, blue, green, yellow, and orange?			
6. tell use of objects such as book, scissors, and stove?			
7. point to parts of the body as listed below when requested? (If yes, please circle.) 1 stomach 2 neck 3 back 4 knees 5 thumbs 6 fingernails			
8. name common objects in pictures as listed below? (If yes, please circle.) 1 boat 2 scissors 3 kite 4 wagon 5 ladder 6 fish			

Academic Skills/Cognitive Development

Can your child	No	Uncertain	Yes
9. tell others his/her first name?			
10. tell others his/her last name?			
11. tell others his/her age?			
12. talk about actions in books?			
13. listen attentively to stories read to him/her?			
14. recognize front and back of book?			
15. take part in reading by filling in words and phrases when read to?			
16. demonstrate the concepts of two, three, and five by giving correct quantity when requested?			
17. count by rote to five?			

Physical Development

Does your child	No	Uncertain	Yes
18. usually go up and down stairs without difficulty?			
19. stand on one foot for five seconds?			
20. stand on other foot for five seconds?			

Does your child	No	Uncertain	Yes
21. walk forward heel-to-toe four steps?			
22. consistently use the same hand for performing?			
23. copy a vertical line? ()			
24. copy a horizontal line? (—)			
25. copy a circle?			
26. copy a plus sign?			
27. use scissors to cut paper?			
28. build a tower with one-inch blocks? (If yes, please circle how many.) 6 7 8 9 10			
29. *appear to have good physical health and stamina?			
30. *appear to be free of physical/mental conditions or problems that might cause a need for special services?			
Self-help Skills			
Does your child	No	Uncertain	Yes
31. hold glass with one hand while drinking?			
32. control spoon or fork when eating?			
33. hold spoon or fork in fingers, not fist?			
34. wash and dry his/her hands without help?			
35. undress without help?			
36. dress without help?			
37. fasten (button) clothing?			
38. care for toileting needs with assistance?			
Social and Emotional Development			
Does your child	No	Uncertain	Yes
39. greet others in an appropriate manner?			
40. usually play well with at least one child?			
41. show concern for using materials safely and appropriately?			
42. show pride in sharing new accomplishments and skills?			
43. usually make an effort to solve problems before seeking help?			
44. usually maintain interest in an activity for at least ten minutes?			
45. usually accept limits set by adults?			
46. usually reflect a happy disposition?			
47. usually take care of personal belongings?			

*If the answer to this question is "No" or "Uncertain," please explain any conditions or problems on the back of this form.

Parent Feedback Form—Four-Year-Old Child

Child's Name _____

Child's Age _____ Date _____

Parent's Name _____

Purpose: As a parent, your feedback is central to help determine program placement and planning for your child. Use the items listed below to guide your feedback.
Directions: Read each item and check the column ("No," "Uncertain," or "Yes") on the right that best applies to your child.

Language Development

Does your child	No	Uncertain	Yes
1. name five colors when requested?			
2. name ten colors when requested?			
3. follow two-step verbal directions in the sequence given?			
4. name pictures of objects as listed below? (If yes, please circle.) 1 scissors 2 duck 3 snake 4 wagon 5 ladder 6 leaf 7 owl 8 nail			
5. name parts of the body as listed below when pointed to? (If yes, please circle.) 1 stomach 2 neck 3 back 4 knees 5 thumbs 6 fingernails			
6. speak clearly in complete sentences (of at least three words)?			

Academic Skills/Cognitive Development

Can your child	No	Uncertain	Yes
7. tell others his/her first name?			
8. tell others his/her last name?			
9. tell others his/her age?			
10. tell others his/her gender?			
11. tell others his/her street address?			
12. visually discriminate which one of four geometric forms is different?			
13. visually discriminate which one of four uppercase letters is different?			
14. recognize some lowercase letters?			
15. recognize some uppercase letters?			
16. comprehend pictures depicting action in books?			
17. count by rote to ten?			
18. recognize different quantities of objects up to five, seven, and nine when requested?			
19. read numerals to ten?			
20. sort objects by one and two attributes?			

Physical Development

Does your child	No	Uncertain	Yes
21. walk forward heel-to-toe five steps?			
22. hop on one foot and other foot five times?			
23. stand on one foot and other foot for ten seconds?			
24. use the same hand as the preferred hand?			
25. discriminate between his/her right hand and left hand?			
26. copy a circle and a plus sign?			
27. copy an X, a square, and a rectangle?			
28. print his/her first name?			
29. draw pictures that are recognizable?			
30. use scissors to cut paper?			
31. *appear to have good physical health and stamina?			
32. *appear to be free of physical/mental conditions or problems that might cause a need for special services?			

Self-help Skills

Does your child	No	Uncertain	Yes
33. dress without help?			
34. fasten (button) his/her clothing?			
35. untie his/her shoes?			
36. know which shoe goes on which foot?			
37. totally care for toileting needs?			

Social and Emotional Development

Does your child	No	Uncertain	Yes
38. greet others in an appropriate manner?			
39. usually share and take turns willingly?			
40. usually play well with at least one child?			
41. usually play cooperatively in a small-group activity or game?			
42. show concern for using materials safely and appropriately?			
43. willingly engage in a new activity?			
44. usually continue a task until completed or until it is time to stop?			
45. usually accept limits set by an adult?			
46. express needs and requests verbally rather than by inappropriate means?			
47. usually reflect a happy disposition?			

*If the answer to this question is "No" or "Uncertain," please explain any conditions or problems on the back of this form.

Parent Feedback Form—Five-Year-Old Child

Child's Name _____

Child's Age _____ Date _____

Parent's Name _____

Purpose: As a parent, your feedback is central to help determine program placement and planning for this child. Use the items listed below to guide your feedback.
Directions: Read each item and check the column ("No," "Uncertain," or "Yes") on the right that best applies to your child.

Language Development

Does your child	No	Uncertain	Yes
1. name ten colors when requested?			
2. name parts of the body as listed below when pointed to? (If known, please circle.) 1 thumbs 2 fingernails 3 chin 4 chest 5 elbows 6 shoulders			
3. answer "where" and "when" questions?			
4. follow three-step verbal directions in the sequence given?			
5. speak clearly in complete sentences of at least five words?			

Academic Skills/Cognitive Development

Can this child	No	Uncertain	Yes
6. tell others his/her first and last name?			
7. tell others his/her age?			
8. tell others his/her street address?			
9. tell others his/her birth date (month and day)?			
10. tell others his/her telephone number (if applicable)?			
11. retell a story with a beginning, middle, and end?			
12. recognize most (20 or more) lowercase letters?			
13. recognize most (20 or more) uppercase letters?			
14. recognize his/her name in print?			
15. count by rote to ten?			
16. count by rote to 20?			
17. count by rote to 30?			
18. match quantities with numerals 2 through 4?			
19. match quantities with numerals 5 through 8?			
20. join groups of objects to six?			
21. join groups of objects to ten?			

Physical Development

Does your child	No	Uncertain	Yes
22. stand on one foot and other foot for ten seconds?			

Does your child	No	Uncertain	Yes
23. stand on one foot and other foot momentarily with eyes closed?			
24. walk backward toe-to-heel four steps?			
25. discriminate between his/her right hand and left hand?			
26. follow the pattern of working left to right and top to bottom?			
27. copy an X and a square?			
28. copy a rectangle and a triangle?			
29. copy a diamond?			
30. print his/her first name?			
31. print his/her last name?			
32. draw pictures that are recognizable?			
33. draw a picture of a person that includes five body parts such as head, legs, ears, arms, and trunk?			
34. draw a picture of a person that includes ten body parts such as eyes, nose, neck, hands, and mouth?			
35. successfully complete arts and crafts projects appropriate for age?			
36. *appear to have good physical health and stamina?			
37. *appear to be free of physical/mental conditions or problems that might cause a need for special services?			

Self-help Skills

Does your child	No	Uncertain	Yes
38. dress himself/herself?			
39. totally care for toileting needs?			
40. know which shoe goes on which foot?			
41. tie his/her shoes?			

Social and Emotional Development

Does your child	No	Uncertain	Yes
42. usually react to disappointment and failure in an acceptable manner?			
43. usually share and take turns willingly?			
44. willingly play cooperatively in a large-group activity or game?			
45. show concern for using materials safely and appropriately?			
46. usually make an effort to solve problems before seeking help?			
47. usually continue a task until completed or until it is time to stop?			
48. usually transition appropriately from one activity to another?			
49. usually ask before using another child's toy or things?			

*If the answer to this question is "No" or "Uncertain," please explain any conditions or problems on the back of this form.

Parent Report—Self-help and Social-Emotional Scales

Child's Name _____ Child's Date of Birth _____ Today's Date _____

Parent's/Caregiver's Name _____ Teacher's Name _____

Directions: Read each item and circle the response or description that best reflects your child's skill level.

SELF-HELP SKILLS			
A. Eating Skills			
1.	Does your child use a spoon? If yes, does your child place the spoon in his/her mouth without turning the spoon upside down, with little or no spilling of food?		
	Rarely/No	Sometimes	Most of the time
	2. Does your child use the side of the fork for cutting soft food, such as a piece of baked potato or a piece of cake?		
	Rarely/No	Sometimes	Most of the time
3.	Does your child hold a fork in his/her fingers, not in his/her fist?		
	Rarely/No	Sometimes	Most of the time
B. Dressing Skills			
4.	Does your child put on his/her shoes? Criteria: Buckling, tying, or Velcro® fastening is not required for credit.		
	No	Yes (sometimes on wrong feet)	Yes (each shoe on correct foot 90% of the time)
	5. Does your child dress himself/herself unsupervised?		
	Rarely/No	Sometimes	Most of the time, except for help with difficult fasteners
Yes (completely dresses himself/herself, putting all clothes on correctly and fastening all fasteners)		Yes (completely dresses himself/herself, including tying shoelaces and fastening all fasteners)	
6.	Does your child put on his/her socks?		
	Rarely/No	Sometimes	Most of the time

C. Toileting Skills			
7.	Does your child get on the toilet or potty by himself/herself (even if he/she needs help with clothing)?		
	Rarely/No	Sometimes	Most of the time
8.	Does your child have bowel movements ("poop") in the toilet or potty (no more than one accident a week)?		
	Rarely/No	Sometimes	Most of the time
9.	Does your child urinate ("pee") in the toilet or potty (no more than one accident a week)?		
	Rarely/No	Sometimes	Most of the time
10.	Does your child attempt to wipe himself/herself after toileting?		
	Rarely/No	Sometimes	Most of the time
	OR	Does your child wipe himself/herself independently after toileting?	
	Rarely/No	Sometimes	Most of the time
11.	Does your child take care of his/her toileting needs?		
	Rarely/No	Sometimes	Yes (flushing the toilet most of the time after using it) Yes (flushing the toilet and washing and drying his/her hands most of the time)
12.	Does your child go to the bathroom on his/her own without being asked or reminded?		
	Rarely/No	Sometimes	Most of the time

Parent Report—Self-help and Social-Emotional Scales *(continued)*

SOCIAL AND EMOTIONAL SKILLS			
D. Relationships with Adults			
13.	Does your child respond with feelings of pride and enthusiasm when he/she earns positive feedback?	Rarely/No	Most of the time
		Sometimes	
14.	Does your child look forward to sharing his/her feelings with you when he/she is happy?	Rarely/No	Most of the time
		Sometimes	
15.	Does your child enjoy sharing information with you about himself/herself, such as things he/she likes, names of his/her family members or pets, or what he/she did over the weekend?	Rarely/No	Most of the time
		Sometimes	
16.	Does your child share his/her thoughts and ideas with you?	Rarely/No	Most of the time
		Sometimes	
E. Play and Relationships with Peers			
17.	Does your child have several friends but one who is a special or best friend?	No	Yes
18.	Does your child have a best friend with whom he/she is close and who reciprocates by coming over for play dates or extending an invitation to a party?	No	Yes
19.	Does your child play cooperatively in a large-group game, such as duck-duck-goose, tag, or kickball?	Rarely/No	Most of the time
		Sometimes	
20.	Does your child give verbal directions or incorporate verbal directions into play activities?	Rarely/No	Most of the time
		Sometimes	

F. Motivation and Self-Confidence			
21.	Does your child maintain interest when engaged in a small-group activity or project?	Rarely/No	Most of the time
		Sometimes	
22.	Does your child show that he/she likes to finish what he/she starts, perhaps by dawdling less than at an earlier age?	Rarely/No	Most of the time
		Sometimes	
23.	Does your child approach new tasks with confidence and a “can-do” attitude?	Rarely/No	Most of the time
		Sometimes	
24.	Does your child remain focused on what he/she has been asked to do even when there are minor distractions, such as a car making noise outside or someone tapping a pencil?	Rarely/No	Most of the time
		Sometimes	
G. Prosocial Skills and Behaviors			
25.	If supervised by an adult, does your child take turns without undue objection?	Rarely/No	Most of the time
		Sometimes	
26.	Does your child understand or accept the need to share and take turns, perhaps willingly taking turns even if he/she isn’t asked to?	Rarely/No	Most of the time
		Sometimes	
27.	Does your child ask an adult for permission before using things that belong to others or before engaging in an activity that may be restricted, such as going to the bathroom or leaving the classroom?	Rarely/No	Most of the time
		Sometimes	
28.	Does your child react to a disappointment or failure in an acceptable manner by being a good sport and refraining from shouting or getting upset?	Rarely/No	Most of the time
		Sometimes	

Teacher Report and Scoring Form—Self-help and Social-Emotional Scales

A. Child's Name _____ **Date of Screening** Year _____ Month _____ Day _____ **School/Program** _____
Parent(s)/Caregiver(s) _____ **Birth Date** _____ **Teacher** _____
Age _____ **Examiner** _____

Directions: Read each item and circle the response or description that best reflects the child's skill level.

SELF-HELP SKILLS				
A. Eating Skills				
1.	Does _____ use a spoon? If yes, does _____ place the spoon in his/her mouth without turning the spoon upside down, with little or no spilling of food?		____ / 1	
	Rarely/No = 0	Sometimes = 0		Most of the time = 1
2.	Does _____ use the side of the fork for cutting soft food, such as a piece of baked potato or a piece of cake?		____ / 1	
	Rarely/No = 0	Sometimes = 0		Most of the time = 1
3.	Does _____ hold a fork in his/her fingers, not in his/her fist?		____ / 1	
	Rarely/No = 0	Sometimes = 0		Most of the time = 1
Total for A. Eating Skills ____ / 3				
B. Dressing Skills				
4.	Does _____ put on his/her shoes? Criteria: Buckling, tying, or Velcro® fastening is not required for credit.		____ / 2	
	No = 0	Yes (sometimes on wrong feet) = 1		Yes (each shoe on correct foot 90% of the time) = 2
5.	Does _____ dress himself/herself unsupervised?		____ / 3	
	Rarely/No = 0	Sometimes = 0		Most of the time, except for help with difficult fasteners = 1
	Yes (completely dresses himself/herself, putting all clothes on correctly and fastening all fasteners) = 2			Yes (completely dresses himself/herself, including tying shoelaces and fastening all fasteners) = 3
6.	Does _____ put on his/her socks?		____ / 1	
	Rarely/No = 0	Sometimes = 0		Most of the time = 1
Total for B. Dressing Skills ____ / 6				

C. Toileting Skills				
7.	Does _____ get on the toilet or potty by himself/herself (even if he/she needs help with clothing)?		____ / 1	
	Rarely/No = 0	Sometimes = 0		Most of the time = 1
8.	Does _____ have bowel movements ("poop") in the toilet or potty (no more than one accident a week)?		____ / 1	
	Rarely/No = 0	Sometimes = 0		Most of the time = 1
9.	Does _____ urinate ("pee") in the toilet or potty (no more than one accident a week)?		____ / 1	
	Rarely/No = 0	Sometimes = 0		Most of the time = 1
10.	Does _____ attempt to wipe himself/herself after toileting?		____ / 2	
	Rarely/No = 0	Sometimes = 0		Most of the time = 1
	OR (Answer only the more appropriate of these two questions.) Does _____ wipe himself/herself independently after toileting?			
11.	Does _____ take care of his/her toileting needs?		____ / 2	
	Rarely/No = 0	Sometimes = 0		Yes (flushing the toilet most of the time after using it) = 1 Yes (flushing the toilet and washing and drying his/her hands most of the time) = 2
12.	Does _____ go to the bathroom on his/her own without being asked or reminded?		____ / 1	
	Rarely/No = 0	Sometimes = 0		Most of the time = 1
Total for C. Toileting Skills ____ / 8				
TOTAL FOR SELF-HELP (A. Eating Skills, B. Dressing Skills, C. Toileting Skills) ____ / 17				

Self-help and Social-Emotional Scales (continued)

SOCIAL AND EMOTIONAL SKILLS					
D. Relationships with Adults					
13.	Does _____ respond with feelings of pride and enthusiasm when he/she earns positive feedback?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___ / 1
14.	Does _____ look forward to sharing his/her feelings with you when he/she is happy?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___ / 1
15.	Does _____ enjoy sharing information with you about himself/herself, such as things he/she likes, names of his/her family members or pets, or what he/she did over the weekend?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___ / 1
16.	Does _____ share his/her thoughts and ideas with you?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___ / 1
Total for D. Relationships with Adults ___ / 4					
E. Play and Relationships with Peers					
17.	Does _____ have several friends but one who is a special or best friend?	No = 0	Yes = 1		___ / 1
18.	Does _____ have a best friend with whom he/she is close and who reciprocates by coming over for play dates or extending an invitation to a party?	No = 0	Yes = 1		___ / 1
19.	Does _____ play cooperatively in a large-group game, such as duck-duck-goose, tag, or kickball?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___ / 1
20.	Does _____ give verbal directions or incorporate verbal directions into play activities?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___ / 1
Total for E. Play and Relationships with Peers ___ / 4					

F. Motivation and Self-Confidence					
21.	Does _____ maintain interest when engaged in a small-group activity or project?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___ / 1
22.	Does _____ show that he/she likes to finish what he/she starts, perhaps by dawdling less than at an earlier age?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___ / 1
23.	Does _____ approach new tasks with confidence and a "can-do" attitude?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___ / 1
24.	Does _____ remain focused on what he/she has been asked to do even when there are minor distractions, such as a car making noise outside or someone tapping a pencil?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___ / 1
Total for F. Motivation and Self-Confidence ___ / 4					
G. Prosocial Skills and Behaviors					
25.	If supervised by an adult, does _____ take turns without undue objection?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___ / 1
26.	Does _____ understand or accept the need to share and take turns, perhaps willingly taking turns even if he/she isn't asked to?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___ / 1
27.	Does _____ ask an adult for permission before using things that belong to others or before engaging in an activity that may be restricted, such as going to the bathroom or leaving the classroom?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___ / 1
28.	Does _____ react to a disappointment or failure in an acceptable manner by being a good sport and refraining from shouting or getting upset?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___ / 1
Total for G. Prosocial Skills and Behaviors ___ / 4					
TOTAL FOR SOCIAL-EMOTIONAL					
(D. Relationships with Adults, E. Play and Relationships with Peers, F. Motivation and Self-Confidence, and G. Prosocial Skills and Behaviors) ___ / 16					

Parent Report—Reading Readiness Scale

Child's Name _____ Child's Date of Birth _____ Today's Date _____

Parent's/Caregiver's Name _____ Teacher's Name _____

Directions: Read each item and circle the response that best reflects your child's behavior or skill level.

1.	Does your child listen attentively to stories when he/she is being read to individually?	No	Yes
2.	When your child is read a book, does he/she ask questions? (e.g., <i>Why is she crying?</i> ; <i>Where is the kitten?</i>)	No	Yes
3.	If you ask your child "Who is this book about?," can he/she name the characters? (e.g., <i>puppy</i> , <i>firefighter</i> , <i>ballerina</i> or the character's name)	No	Yes
4.	If you ask your child "What happens in the story?," can he/she recount the main events of the story?	No	Yes
5.	Can your child point to the front and back of the book?	No	Yes
6.	If, when you are reading a book to your child, you point to a word (any word except the last word) in a line of text and ask "Which word do I read after this word?," would he/she point to the next word to the right?	No	Yes
7.	If, when you are reading a book to your child, you point to the last word in a line of text and ask "Which word do I read after this word?," would he/she point to the first word in the next line?	No	Yes
8.	Can your child identify rhymes? (e.g., <i>hat-bat</i> ; <i>tree-bee</i>)	No	Yes
9.	Does your child read at least five informational words he/she is likely to see in the environment? (e.g., <i>STOP</i> , <i>GO</i> , <i>IN</i> , <i>OUT</i> , <i>ENTER</i> , <i>WALK</i> , <i>CAUTION</i>)	No	Yes
10.	Does your child read at least ten sight/high-frequency words? (e.g., <i>a</i> , <i>go</i> , <i>is</i> , <i>my</i> , <i>run</i> , <i>do</i> , <i>can</i> , <i>down</i> , <i>come</i> , <i>yes</i>)	No	Yes

Do you have any concerns about how well your child will do learning to read?	No	Yes
--	----	-----

If yes, please list.

Have you observed responses or reactions from your child that cause you to suspect he/she may have a vision or hearing problem?	No	Yes
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If yes, please indicate the nature of the suspected problem.

Teacher Report and Scoring Form—Reading Readiness Scale

A. Child's Name _____ Date of Screening _____ Year _____ Month _____ Day _____ School/Program _____
 Parent(s)/Caregiver(s) _____ Birth Date _____ Teacher _____
 Age _____ Examiner _____

Directions: Read each item and circle the response that best reflects the child's behavior or skill level.

1.	Does this child listen attentively to stories when he/she is being read to individually?	No	Yes
2.	When this child is read a book, does he/she ask questions? (e.g., <i>Why is she crying?</i> ; <i>Where is the kitten?</i>)	No	Yes
3.	If you ask this child "Who is this book about?," can he/she name the characters? (e.g., <i>puppy, firefighter, ballerina</i> or the character's name)	No	Yes
4.	If you ask this child "What happens in the story?," can he/she recount the main events of the story?	No	Yes
5.	Can your child point to the front and back of the book?	No	Yes
6.	If, when you are reading a book to this child, you point to a word (any word except the last word) in a line of text and ask "Which word do I read after this word?," would he/she point to the next word to the right?	No	Yes
7.	If, when you are reading a book to this child, you point to the last word in a line of text and ask "Which word do I read after this word?," would he/she point to the first word in the next line?	No	Yes
8.	Can this child identify rhymes? (e.g., <i>hat-bat</i> ; <i>tree-bee</i>)	No	Yes
9.	Does this child read at least five informational words he/she is likely to see in the environment? (e.g., <i>STOP, GO, IN, OUT, ENTER, WALK, CAUTION</i>)	No	Yes
10.	Does your child read at least ten sight/high-frequency words? (e.g., <i>a, go, is, my, run, do, can, down, come, yes</i>)	No	Yes
Raw Score—Number of "Yes" responses: _____ /10			

Do you have any concerns about how well this child will do learning to read?	No	Yes
--	----	-----

If yes, please list.

Have you observed responses or reactions from this child that cause you to suspect he/she may have a vision or hearing problem?	No	Yes
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If yes, please indicate the nature of the suspected problem.

Reading Readiness Level: (See Table I. Interpreting Results, page 124.)		
Below Average _____	Average _____	Above Average _____