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| **Name of Student:** | **DOB:** | **AZEDS#:** |
| **Date of Entry:** | **Date of Screening:** | **Teacher:**  | **School/Site:**  |
| **VISION****Yes No**[ ]  [ ]  Appears to see well up close[ ]  [ ]  Appears to see well at a distance [ ]  [ ]  Squints or turns head to see [ ]  [ ]  Holds hand over one eye[ ]  [ ]  Has trouble with eyes [ ]  [ ]  Other:  | **COMMUNICATION****Yes No**[ ]  [ ]  Has speech that is difficult to understand[ ]  [ ]  Does not talk in class[ ]  [ ]  Often stutters[ ]  [ ]  Has difficulty expressing ideas [ ]  [ ]  Speaks too loudly[ ]  [ ]  Speaks too softly[ ]  [ ]  Uses three or more words in a sentence [ ]  [ ]  Other:  |
| **MOTOR****Yes No**[ ]  [ ]  Can feed self[ ]  [ ]  Can dress self with help[ ]  [ ]  Problems with gross motor development (clumsy or awkward)[ ]  [ ]  Problems with fine motor skills (reaching, grasping, [ ]  [ ]  manipulation of objects, picking up small objects) [ ]  [ ]  Other:  | **HEARING****Yes No**[ ]  [ ]  Does not respond to name, directions, or questions in class[ ]  [ ]  Frequently asks for information to be repeated or asks “What?”[ ]  [ ]  Has significantly delayed language [ ]  [ ]  Has frequent earaches[ ]  [ ]  Seems not to pay attention[ ]  [ ]  Difficulty telling where sounds and voices are coming from[ ]  [ ]  Speaks too loudly or too softly [ ]  [ ]  Other:  |
| **SOCIAL/BEHAVIORAL****Yes No**[ ]  [ ]  Repeated rocking or head banging [ ]  [ ]  Frequent temper tantrums [ ]  [ ]  Frequent hitting or biting[ ]  [ ]  Easily frustrated[ ]  [ ]  Difficulty completing tasks[ ]  [ ]  Avoids social interaction with peers/adults [ ]  [ ]  Difficulty sharing toys or materials [ ]  [ ]  Difficulty following directions[ ]  [ ]  Cannot remain seated to complete snack or meal [ ]  [ ]  Cannot remain seated to have a book read Other: | **SENSORY****Yes No**[ ]  [ ]  Dislikes touches[ ]  [ ]  Avoids contact with others [ ]  [ ]  Frequently has hands in mouth [ ]  [ ]  Seems overly sensitive to sound [ ]  [ ]  Frequently makes loud noises[ ]  [ ]  Fearful of activities involving moving through space [ ]  [ ]  Poor safety awareness during climbing/movement activities[ ]  [ ]  Frequent repetitive movements[ ]  [ ]  Fearful of activities which challenge balance [ ]  [ ]  Other: |
| **ADAPTIVE DEVELOPMENT****Yes No**[ ]  [ ]  Poor self-care skills related to personal hygiene, dress, maintaining personal belongings[ ]  [ ]  Poor social skills related to working cooperatively with peers, social perceptions, response to social cues, or socially acceptable language [ ]  [ ]  Poor ability to understand directions, communicate needs, and express ideas[ ]  [ ]  Lack of school coping behaviors related to attention to learning tasks, organizational skills, questioning behavior, following directions, and monitoring time use[ ]  [ ]  Other: | **PRIMARY LANGUAGE INFORMATION**Language used most often by student: Primary home language of student: |
| **[ ]  FURTHER SCREENING IS NEEDED****[ ]  NO CONCERNS AT THIS TIME** |

Screener Name and Signature:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter a date.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_