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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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_