Sample 45 Day Screener

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

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._____