

SPEECH & LANGUAGE SCREENING
FOR NON-ENGLISH, NON-SPANISH SPEAKERS ONLY

Child _____ Center _____ Teacher _____

DOB _____ Age _____ Date _____

Interview the parent(s) to fill out the front and back of this form.
RETURN TO THE DISABILITY SUPERVISOR IMMEDIATELY

1. At home: Mom/guardian speaks _____ language(s).
1. Dad/Guardian speaks _____ language(s).
2. Which language does your child use with brothers and sisters?
3. Which language does your child use with the parent(s)?
4. When did your child begin to say single words?
5. When did your child start to say a few words at a time?
6. When did your child start learning the second language?
7. Is your child understood by family members?
8. Is your child understood by outsiders?
9. Do you have any concerns about your child's development?

If yes, please explain.

*Ask parents if their child does the following in his/her first language. Teachers answer the following about the child's second language--unless the parent knows the child's ability in the second language. **Put a Y for yes, or an N for no, or write the words; yes, no.***

Language: 1st 2nd

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|--|---|-------|-------|-------|-------|
| <ol style="list-style-type: none"> 1. Does your child talk to comment on other's actions? 2. Does your child retell a familiar story or experience without help and tell the events in sequence. | <table border="0"> <tr> <td style="width: 20px;">_____</td> <td style="width: 20px;">_____</td> </tr> <tr> <td style="width: 20px;">_____</td> <td style="width: 20px;">_____</td> </tr> </table> | _____ | _____ | _____ | _____ |
| _____ | _____ | | | | |
| _____ | _____ | | | | |

please continue on back

