



Elkhart and St. Joseph Counties Head Start Consortium
Head Start Speech/Language/Hearing Screening

Name: _____ Date: _____ Center: _____

CA: _____ Examiner: _____ Results: _____

Screening Results:

Articulation:

Pass _____

Fail _____

Receptive Language:

Pass _____

Fail _____

Expressive Language:

Pass _____

Fail _____

Voice:

Pass _____

Fail _____

Hearing:

Pass _____

Fail _____

Rescreen _____

Recommendations:

Pass _____

Rescreen 6 mos. _____

Needs Evaluation _____

	Pass	Fail	Comments
Pitch			
Quality			
Loudness			
Fluency			
Intelligibility			
Palatial Sufficiency			