

Kindergarten Articulation Screening Score Sheet

Student Name: _____ IFSP/Outpatient: Y/N

Date of Screening: _____

Date of Birth: _____ Age: _____

Notes:

Score Summary		
Pass	Fail	Re-Screen

Target	Correct	Incorrect	Notes
/P/			
/B/			
/M/			
/N/			
/T/			
/D/			
/K/			
/G/			
/F/			
/V/			
/SH/			
/CH/			

Target	Correct	Incorrect	Notes
/DJ/			
/L/			
/TH/			
/S/			
/Z/			
/R/-Initial			
/R/-Final			
/R/-Blend			
/S/-Blend			
/L/-Blend			
3-Syllable			
4-Syllable			

Kindergarten Language Screening Stimuli & Score Sheet

Student Name: _____

Date of Screening: _____

Date of Birth: _____ Age: _____

Notes:

Score Summary				
Area	Score	Pass	Fail	Re-screen
Verbal Directions	/5			
Vocabulary	/4			
WH Questions	/4			
Grammar Repetition	/4			
TOTAL	/17			

Following Verbal Directions		
	Correct	Incorrect
Put your hands on the table.		
Stand behind your chair.		
Look under the table.		
Put the pen over your head.		
Close your eyes and clap your hands.		
TOTAL	/5	

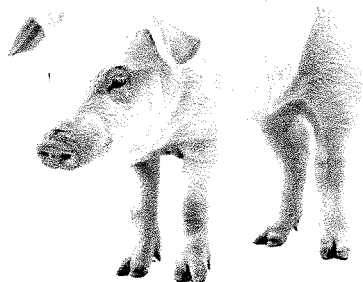
WH Questions		
	Correct	Incorrect
Who takes care of you?		
What is your favorite color?		
Where do you eat breakfast?		
When do you go to sleep?		
TOTAL	/4	

Vocabulary		
	Correct	Incorrect
What do you do with a shoe?		
What do you do with a pencil?		
Tell me what you know about a giraffe.		
Name three drinks.		
TOTAL	/4	

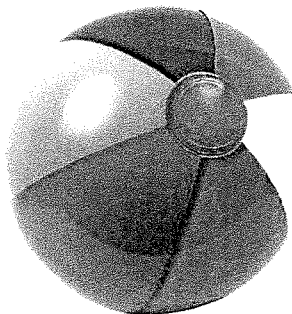
Grammar Repetition		
	Correct	Incorrect
The girl is running.		
Where is the big book?		
Are the boys sleeping?		
I went down the slide.		
TOTAL	/4	

Articulation Screening Stimuli

/P/



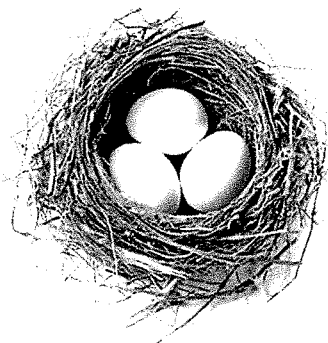
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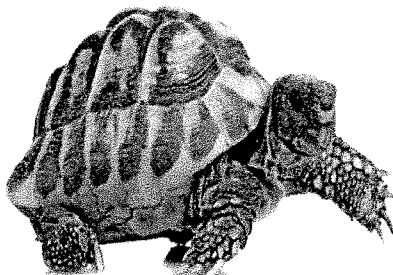
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/N/



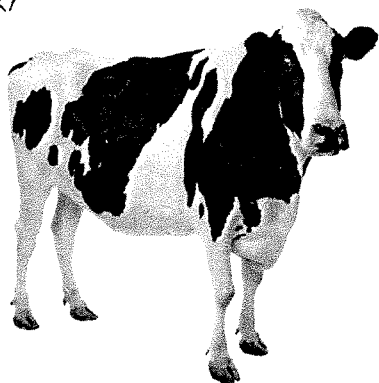
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/D/



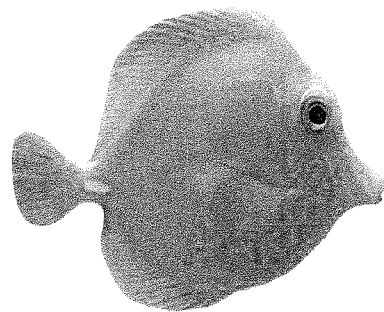
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/G/



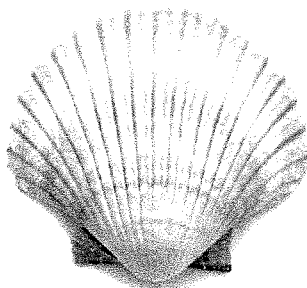
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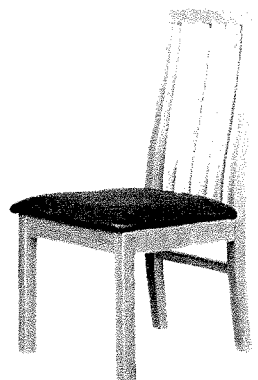
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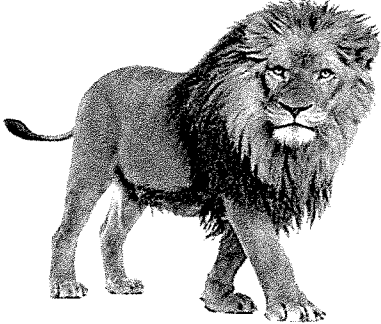


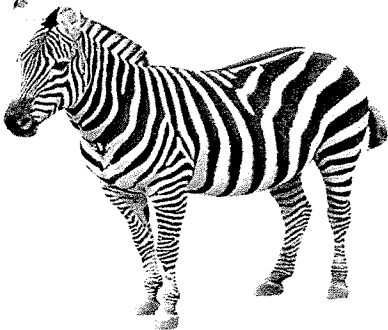


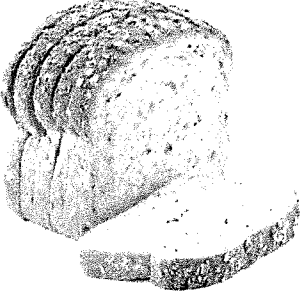

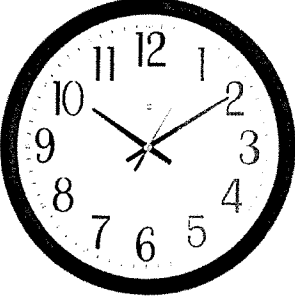

/SH/



/CH/



Articulation Screening Stimuli

<p>/DJ/</p> 	<p>/L/</p> 	<p>/TH/</p> 
<p>/S/</p> 	<p>/Z/</p> 	<p>/R/-Initial</p> 
<p>/R/-Final</p> 	<p>/R/-Blend</p> 	<p>/S/-Blend</p> 
<p>/L/-Blend</p> 	<p>3-Syllable</p> 	<p>4-Syllable</p> 