Wakulla County Schools

SCREENING REPORT

Date:_____ Student Number:_____

Student:_____ DOB: _____

Primary Language:_____ School: _____

Grade: _____ Teacher: _____ Referred by: _____

Reason: _____

HEARING	**VISION**
Passed:_____ Failed:_____ COMMENTS:	Passed:_____ Failed:_____ R_____ Glasses/Contact Lenses: L_____ ☐ yes ☐ no COMMENTS:
Person Responsible/Position Date: Further Evaluation Required: ☐ yes ☐ no	Person Responsible/Position Date: Further Evaluation Required: ☐ yes ☐ no
SPEECH Passed:_____ Failed:_____ Articulation: ☐ Pass ☐ Fail Fluency: ☐ Pass ☐ Fail Voice: ☐ Pass ☐ Fail COMMENTS:	**LANGUAGE** (Omit for Speech Screening) Passed:_____ Failed:_____ Test Results: Joliet 3-minute screener ☐ Pass ☐ Fail CELF (screening) ☐ Pass ☐ Fail Other_____ ☐ Pass ☐ Fail TOTAL SCORE _____ EXPRESSIVE SCORE_____ RECEPTIVE SCORE_____ OTHER_____ COMMENTS:
Person Responsible/Position Instrument Used:_____ Date:_____ Further Evaluation Required: ☐ yes ☐ no	Person Responsible/Position Date: Further Evaluation Required: ☐ yes ☐ no