



# Kalamazoo County Ready 4s Support Request



To identify 3-year-old children in need of  
speech, language and/or hearing supports

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_\_ Gender \_\_\_\_\_

KC Ready 4s Site: \_\_\_\_\_ Date Form Completed: \_\_\_/\_\_\_/\_\_\_\_\_

Days of the week & Time the child attends \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Teacher E-Mail/Phone Contact: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Contact: \_\_\_\_\_

Primary Language Spoken in the home: \_\_\_\_\_

\_\_\_\_\_

Does/Has the child receiv(ed) support services Y / N If so, please circle services received below:

Speech and Language Therapy                      Physical Therapy                      Occupational Therapy

Has the child been screened for speech, language or hearing in the past? Y / N When? \_\_\_\_\_

\_\_\_\_\_

### **Instructions:**

If most of your answers are 'yes' within a category, behaviors stated **are typical** of a 3 year old and would not warrant further screening. If most of your answers are 'no' within a category, behaviors stated **may suggest the need** for a speech/language screening. Please complete **ALL** sections.

*NOTE: Once checklists are received sites will be contacted to determine next-steps.*

### **Speech-Sound Productions/Articulation**

Yes ___	No ___	Do you understand at least half of what the child says (at least 5 out of every 10 words)?
Yes ___	No ___	Does the child produce the following speech sounds: /p/, /b/, /m/, /n/, /h/, /w/, /t/, /d/, /k/, /g/.
Yes ___	No ___	Does the child say the beginning and ending sounds in <u>most</u> words (e.g. "cup" instead of "up" or "boo" for "book")?

Concern \_\_\_ No concern \_\_\_

Please provide an example of speech sound substitutions/distortions/omissions:

\_\_\_\_\_  
\_\_\_\_\_

**Language Production Skills/Expressive Language**

Yes ___	No ___	Does the child produce a growing vocabulary including naming objects, labeling actions (running, playing, eating)?
Yes ___	No ___	Does the child use at least 2-3 words in phrases?
Yes ___	No ___	Does the child use some grammatical structures (e.g., pronouns (“I”, “it” “me” “my” “you”), present tense “is verb-ing” (“doggie eating”), plurals (e.g., “cars” “balls”)

Concern \_\_\_ No concern \_\_\_

Provide example: \_\_\_\_\_

**Language Comprehension Skills/Receptive Language**

Yes ___	No ___	Does the child understand and follow one-step directions including basic concepts? (e.g., Put the ball <u>on</u> the table” or “get the <u>car</u> ”)
Yes ___	No ___	Does the child respond to “who” “what” and “where” questions relating to objects or situations available to the child? (e.g., “what is the baby doing?”; “where is the dog?”)
Yes ___	No ___	Does the child demonstrate understanding of classroom language and routines? (e.g. “pick up the blocks”, “come join us at the table”)

Concern \_\_\_ No concern \_\_\_

Provide example: \_\_\_\_\_

**Voice Quality and Fluency (Stuttering)**

Yes ___	No ___	Does the child speak with a clear voice, similar to other children without raspy, hoarse or nasal qualities?
Yes ___	No ___	Does the child produce smooth speech when talking?

Concern \_\_\_ No concern \_\_\_

Provide example: \_\_\_\_\_

**Hearing**

Yes ___	No ___	Does the child appear to respond to their name and/or sounds in their environment appropriately?
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Concern \_\_\_ No concern \_\_\_

Provide example: \_\_\_\_\_