



Kalamazoo County Ready 4s Support Request

To identify 4-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: _____ Person completing form: _____

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 4 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 most of what the child says (at least 6 out of every 10 words)?
Yes ____	No ____	If the child produces any sound errors, are they age-appropriate errors (e.g., "wun" for "run," "wego" for "lego", "fank you" for "thank you")? (*Circle yes if the child has no noticeable sound errors.)
Yes ____	No ____	Does the child say all of the sounds in words?

Screening requested _____ No concern _____

Please describe, comment or give an example of speech sound substitutions/distortions/omissions:



Kalamazoo County Ready 4s Speech & Language Support Request

Child's Name: _____ KC Ready 4s Site: _____

Language Production Skills/Expressive Language

Yes ___	No ___	Does the child produce varied vocabulary including naming objects, labeling actions (running, playing, eating), using modifiers (big, red, stinky), and feeling-words (happy, hungry)?
Yes ___	No ___	Does the child use 3-5 words in phrases, sentences and simple questions?
Yes ___	No ___	Does the child use age-appropriate grammar when speaking (e.g., pronouns (I, you, he, she), present tense "is verb-ing" ("doggie is eating"), prepositions (e.g., in, on, under etc.)

Screening requested ___ No concern ___

Comments: _____

Language Comprehension Skills/Receptive Language

Yes ___	No ___	Does the child understand and follow one-step and two-step directions and appear to understand basic concepts? (e.g., Put the ball <u>on</u> the table" or "get the <u>big</u> ball")
Yes ___	No ___	Does the child respond to "who" "what" "where" or "why" questions relating to objects or situations available to the child? (e.g., "where did you put your coat?")
Yes ___	No ___	Does the child demonstrate understanding of classroom language and routines? ("Hang your coat and backpack on the hook." "Clean up your space and then go to the table for snack.")

Screening requested ___ No concern ___

Comments: _____

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?

Screening requested ___ No concern ___

Comments: _____

Hearing

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