Student's First Name:

Student's Last Name:

DOB (dd-mmm-yyyy):

Children's Treatment Centre
Quinte Health

School-Based Rehabilitation Services

SBRS Kindergarten Eligibility Screen
Educator Checklist and Word List Screening Tool (English)

The purpose of this screening tool is to identify students with significant speech difficulties who may require a referral to School-Based Rehabilitation Services Speech-Language Pathology (SBRS SLP).		
Does the student communicate primarily using speech? If no, continue to monitor the student for skills development.	Yes	No
Does the student appear to stutter? If yes, please complete the Eligibility for Referral section below. Further instructions are included within this section.	Yes	No

Word List Screening Tool for Educators

Instructions to teacher:

- Start at the beginning of the list, regardless of the student's age
- Complete the entire sound list for SK students and stop where indicated for students in JK.
- Indicate the word where you hear an error in the chart (it is not necessary to identify the error, only that it occurred; it is still considered an error if the sound is missed, e.g. 'at' for 'cat' or 'bo' for 'boat'
- Start with the word in the **Initial** column in each row; proceed with the **End** columns only if the initial sound is correct.

Teacher Instructions to Student: "I am going to say a word and I would like you to copy what I say."

Typical Age of Acquisition	**Sound**	**Initial**	Error present?		**End**	Error Present?		**Sound Error Count (0 or 1)**
2	P	**P**uppy	Yes	No	ta**P**	Yes	No	
2	B	**B**at	Yes	No	tu**B**	Yes	No	
2	M	**M**ummy	Yes	No	ho**M**e	Yes	No	
2	N	**N**o	Yes	No	pi**N**	Yes	No	
2	H	**H**i	Yes	No		Yes	No	
3	T	**T**oe	Yes	No	boo**T**	Yes	No	

3	D	**D**ip	Yes	No	mu**D**	Yes	No	
3	K/hard C	**C**an	Yes	No	bac**K**	Yes	No	
3	F	**F**un	Yes	No	pu**FF**	Yes	No	
4	S	**S**ip	Yes	No	mi**SS**	Yes	No	
Stop Here if student is in JK								
4-5	S Blends	**ST**op, **SK**ate, **SN**ow, **SP**in, **SM**ile	Yes	No		Yes	No	
4	SH	**SH**oe	Yes	No	pu**SH**	Yes	No	
4	CH	**CH**air	Yes	No	mat**CH**	Yes	No	
4	L	**L**ike	Yes	No	ba**LL**	Yes	No	

Total of Sound Error Count Column: _____

Additional Questions:		
Speech sounds "slushy" when saying S, Z, CH, SH or J If yes, please complete the Eligibility for Referral section below. Further instructions are within this section included.	☐ Yes	☐ No
Language(s) spoken in the student's home:		

Eligibility for Referral:

Are 3 or more errors circled in the **Sound** column in the Word List Screening Tool for Educators?

    Yes   No

Does the student demonstrate the ability to participate in and complete an adult-led "table top" activity?

    Yes   No

If the answer is **Yes to both questions and/or the student appears to stutter**, **and/or presents with "slushy" S, Z, CH, SH, J,** please submit the completed referral package for the Eligibility Screen for SBRS SLP to the Quinte Children's Treatment Centre (QCTC). This can be found online at https://quintectc.com. A QCTC SLP will complete a short, in-person evaluation to determine if the student requires admission to the SBRS SLP waitlist.

If the answer to either of the above questions is **No**, please continue to monitor the student for skill development. Tier One/Universal resources that are good for all students in supporting their speech development can also be found online at https://quintectc.com, or you may speak with the SBRS SLP assigned to your school.