

APPENDIX A – Intake Screening Scoring Sheet

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_ Test Administrator: \_\_\_\_\_

*Oral Screening* – Circle 0, 1 or 2

**Total Points**

- 1 0 1 2
- 2 0 1 2
- 3 0 1 2
- 4 0 1 2
- 5 0 1 2
- 6 0 1 2

*Reading Screening* – Circle 0 or 1

**Total Points**

- 1 0 1
- 2 0 1
- 3 0 1
- 4 0 1
- 5 0 1

**Intake Process Outcome**

- \_\_\_ Refer to instruction
- \_\_\_ Give Form 27
- \_\_\_ Give Level A
- \_\_\_ Give locator or appraisal and pretest.

*Writing Screening*

- \_\_\_ Could not write name.
- \_\_\_ Could not write date.
- \_\_\_ Could not answer question.
- \_\_\_ Minimal response to question
- \_\_\_ Good response to question

*Permission granted to duplicate for intake use.*