

## Oral Screening Scoring Sheet

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
FIRST LAST

TEST ADMINISTRATOR NAME: \_\_\_\_\_  
FIRST LAST

ORAL SCREENING TOTAL POINTS

CIRCLE A SCORE.

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

TEST ADMINISTRATOR COMMENTS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Permission granted to duplicate for intake use.*