

BRIGANCE® Screen Kindergarten Data Sheet



A. Child's Name _____ **Date of Screening** _____ **Year** _____ **Month** _____ **Day** _____

Parent(s)/Guardian _____ **Birth Date** _____ **Age** _____ **School/Program** _____

Address _____ **Age** _____ **Teacher** _____ **Examiner** _____

B. Basic Assessments

Page	Assessment Number	Skill (Start with first item and proceed in order. Circle each correct response.)	Discontinue after (must be in a row)	Number Correct	Point Value for Each	Child's Score
2	1A	Personal Data Response: Orally gives: 1. first name 2. full name 3. age 4. address (street or mailing) 5. birth date (month and day) 6. telephone number	3 incorrect	X	2	/12
5	2A	Identifies Body Parts: Identifies by naming: 1. heels 2. ankles 3. jaw 4. shoulders 5. elbows 6. hips 7. wrists 8. waist	3 incorrect	X	1	/8
6	3A	Gross-Motor Skills: 1. Stands on one foot for ten seconds 2. Stands on other foot for ten seconds 3. Stands on one foot momentarily (one second) with eyes closed 4. Stands on other foot momentarily (one second) with eyes closed 5. Walks backward toe-to-heel four steps	3 incorrect	X	1	/5
8	4A	Color Recognition: Identifies and names the color of objects: 1. red 2. blue 3. green 4. yellow 5. orange 6. purple 7. brown 8. black 9. pink 10. gray	3 incorrect	X	.5	/5
10	5A	Visual Motor Skills: Copies: 1. X 2. □ 3. □ 4. △ 5. ◇	3 incorrect	X	1	/5
12	6A	Draws a Person (Body Image): Draws a picture of a person that includes the body parts: 1. head 2. legs 3. ears 4. arms 5. trunk 6. eyes 7. nose 8. neck 9. hands 10. mouth	—	X	.5	/5
14	7A	Prints Personal Data: Prints: 1. first name 2. last name (never/seldom/yes) No _____	—	X	4	/8
16	8A	Rote Counting: Counts by rote to (Circle all numbers prior to the first error.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	first incorrect	X	5 points each group of 10	/15
17	9A	Numeral Comprehension: Matches quantity with numerals: 3 2 4 8 6	2 incorrect	X	2	/10
18	10A	Number Readiness: Joins groups of objects to: 1. 3 2. 6 3. 10	2 incorrect	X	3	/9
19	11A	Reads Uppercase Letters: Recognizes and names uppercase letters: (Use score for only one—uppercase or lowercase.) O A D G Q B P C E L T I F J N M R H U V W Y X Z K S	3 incorrect	X	.5	/13
20	11A	Alternate—Reads Lowercase Letters: Recognizes and names lowercase letters: (Use score for only one—uppercase or lowercase.) o a d g q b p c e l t i f j n m r h u v w y x z k s	3 incorrect	X	.5	/13
22	12A	Syntax and Fluency: 1. Speech is understandable. 2. Speaks in complete sentences of at least 5 words.	Administer both items.	X	2.5	/5

D. Observations

1. Handedness: Right _____ Left _____ Uncertain _____ 4. Vision appears normal: Yes _____ No _____ Uncertain _____

2. Grasps pencil with: fist _____ Fingers _____ 5. Record other observations on another sheet.

3. Hearing appears normal: Yes _____ No _____ Uncertain _____

E. Recommendations:

Total Score = _____ /100

BRIGANCE® Screen Supplemental Assessments Data Sheet

A. Child's Name _____ **Date of Screening** _____ **Year** _____ **Month** _____ **Day** _____ **School/Program** _____
Parent(s)/Guardian _____ **Birth Date** _____ **Teacher** _____
Address _____ **Age** _____ **Examiner** _____

B. SUPPLEMENTAL ASSESSMENTS		C. NOTES
Page	Assessment Number	Skill (Circle each correct response. Makes notes as appropriate.)
42	15	Prints Uppercase Letters Dictated: Prints uppercase letters dictated: 1. O 4. G 7. P 10. L 13. F 16. M 19. U 22. Y 25. K 2. A 5. Q 8. C 11. T 14. J 17. R 20. V 23. X 26. S 3. D 6. B 9. E 12. I 15. N 18. H 21. W 24. Z
44	25	Prints Lowercase Letters Dictated: Prints lowercase letters dictated: 1. o 4. g 7. p 10. l 13. f 16. m 19. u 22. y 25. k 2. a 5. q 8. c 11. t 14. j 17. r 20. v 23. x 26. s 3. d 6. b 9. e 12. i 15. n 18. h 21. w 24. z
45	35	Verbal Concepts: Demonstrates understanding of verbal concepts: 1. in/out 3. center/corner 5. full/empty 7. all/none 9. more/less 2. up/down 4. right/left (of self) 6. tall/short 8. thick/thin 10. most/least
47	45	Substitutes Initial Consonant Sounds: 1. b 2. h 3. s 4. m 5. w 6. f
D. OTHER SKILLS: (List other skills that have been assessed or observed.) _____ _____ _____ _____ _____ _____ _____ _____		E. SUMMARY AND RECOMMENDATIONS: _____ _____ _____ _____ _____ _____ _____ _____

Parent's Report Form—Self-help and Social-Emotional Scales

Child's Name _____ Today's Date _____

Child's Date of Birth _____ Teacher _____

Parent's Name _____

Purpose and Directions: We recognize that parents can provide valuable information that can be helpful in planning a better program for their child. You can supply this information by responding to the items listed below.

Read each item and circle the response or description ("No," "Sometimes," "Yes," etc.) on the right that you think best applies to or describes your child.

A. Work/Help Skills

- Does your child try to help put things away such as his/her toys or clothes? No Sometimes Yes
- Can your child open doors or cabinets by himself/herself if he/she doesn't have to work knobs or handles? No Sometimes Yes
- Can your child open doors or cabinets by himself/herself including working knobs and handles? No A little Yes
- How many minutes will your child usually watch TV without losing interest? 1-5 5-10 10-15 15-20 20+
- How many minutes will your child usually play with toys by himself/herself (without the TV on)? 1-5 5-10 10-15 15-20 20+
- Does your child help around the house if asked? No Sometimes Yes
- Does your child work for at least 20 minutes in a small group such as at school doing a craft project or other activity? ... No opportunity No Sometimes Yes

B. Feeding/Eating Skills

- Does your child use a spoon? No Sometimes Yes
If yes, what happens when he/she tries to get food into his/her mouth? Turns spoon upside down Spills a lot Spills very little
- Does your child hold a fork with his or her fingers (not in a fist)? No A little Yes
- Can your child use the side of a fork to cut soft foods? No A little Yes

C. Undressing/Dressing Skills

- Can your child take off his/her own shoes if you undo shoelaces, buckles, or fastening tapes? No Sometimes Yes
- Can your child put his/her shoes on? No Yes, Wrong feet sometimes Correct feet
- Can your child take off and put on a coat, shirt, dress, or pants if you help with buttons, zippers, and snaps? No Sometimes Yes
- Can your child take off and put on a coat, shirt, dress, or pants including buttons, zippers, and snaps? No Sometimes Yes
- Can your child take off and put on socks by himself/herself? No Sometimes Yes
- Can your child dress completely? No Mostly, but not all fasteners Yes, and ties shoes Yes, but can't tie shoes Yes, and ties shoes

D. Toileting Skills

- Does your child get on the toilet/potty seat by himself/herself? No Sometimes Yes
- Does your child have bowel movements ("poop") in the toilet/potty most of the time? No Sometimes Yes
- Does your child urinate ("pee") in the toilet/potty? No Sometimes Most of the time
- Does your child wipe himself/herself or try to wipe after toileting? No Sometimes Yes, but not very well Yes, very well
- Does your child go to the bathroom on his/her own without being asked or reminded? No Sometimes Yes
- Does your child flush the toilet after he/she uses it? No Sometimes Yes
- Do you have any concerns about how your child is not learning to do some things you think he/she should be doing? No A little Yes
—if yes, please list: _____

E. Play Skills and Behaviors

- Does your child watch other children play? No Sometimes Yes
—if yes, does he/she like to join in, even if only for a little while? ... No Sometimes Yes
- Does your child like to pretend to do grown-up things like washing dishes, taking care of a baby, cleaning, or sweeping? No Sometimes Yes
—if yes, for how many minutes will he/she do this? 1-5 5-10 10-15 15-20 20+
- Can your child play well with a small group of children? No Sometimes Yes
—if yes, for how many minutes will he/she do this? 1-5 5-10 10-15 15-20 20+
- Does your child seem to know what is good behavior and what is not? No In others In others and self
- Does your child have a best friend—another child to whom he/she feels especially close? No A little Yes

F. Gets Along with Others

- Does your child like to do favors for you or enjoy surprising you by helping out? No A little Yes
- Does your child try to avoid hurting other children when playing and/or seem concerned when a playmate is hurt? No A little Yes
- When your child has done something well, does he/she tell you about it and show pride in what he/she has done? No Most times Yes
- If your child loses a game or can't do something he/she was looking forward to, does he/she behave OK about this? No Sometimes Yes
- Does your child say, "I'm sorry" or "excuse me" when he/she bumps into someone, accidentally takes something that belongs to someone else, or makes a mistake that upsets someone? No A little Yes

Do you have any concern about

- how your child gets along with others? Yes A little No
—if yes, please list: _____
- your child's behavior? Yes A little No
—if yes, please list: _____

Teacher's Report and Scoring Form—Readiness for Reading Scale

Child's Name _____ Today's Date _____

Child's Date of Birth _____ Teacher _____

Parent's Name _____

Directions: To assess the child's readiness for learning to read and for formal reading instruction, read each item and circle the response ("No" or "Yes") on the right that you think best applies to or describes the child. Give 1 point credit for each "Yes" response circled.

1. After listening to you read a story, can this child distinguish fact from fantasy in the story? No Yes
 2. Does this child have enough interest in reading that he/she pays attention the entire time a short book or story is read? No Yes
 3. When this child attempts or pretends to read does he/she know to read from left to right? No Yes
 4. After listening to you read a story with pictures, can this child look at the pictures and retell the story with reasonable accuracy? No Yes
 5. When presented with a "read-to-me" book, can this child turn to find requested page numbers? No Yes
 6. Does this child gain information by looking at pictures in books? (Example: The light is red and the girl is waiting for it to turn green.) No Yes
 7. Does this child read at least five informational words he/she is likely to see in his/her environment? (Examples: STOP, GO, OPEN, PUSH, PULL, ON, OFF, COME IN) No Yes
 8. Does this child read at least ten sight/high-frequency words? (Examples: the, and, to, of, he, she, up, mother, man) No Yes
 9. Does this child attempt to sound out known letters or parts of unknown words? (Example: Knows the words ball and cat and uses this knowledge to attempt to figure out the word bat, an unknown word) No Yes
 10. Does this child recognize/read his/her name when he/she sees it in print? (Examples: His/Her name printed on schoolwork or belongings) No Yes
- Raw Score—Number of "Yes" responses above.
- Reading Readiness Level:** (See Table 1, Interpreting Results, page 79.)
- Below Average _____ Average _____ Above Average _____
11. Do you have any concerns about how well this child will do in learning to read? No Yes
—If yes, please list: _____
 12. Have you observed responses or reactions from this child that cause you to suspect he/she may have a vision or hearing problem? No Yes
—If yes, please indicate the nature of the suspected problem. _____