



PURPOSE

The purpose of this screening device is to find individual young children who need detailed diagnosis. Early detection of academic problems leads to early intervention and a better school life for the young pupil. This device takes seven to eight minutes to administer. Score and determine if a problem exists for the child.

CONTENT

<b>Task</b>	<b>Learning Channels</b>	<b>Skill Areas</b>
A. Write Loops	See-Write	Beginning penmanship, Quickness
B. Touch Body Parts	Hear-Do	Listening skill, Gross motor skill
C. Count From 1-10	Think-Say	Thinking—expressive ability, Beginning math skill
D. Touch Circles	See-Do	Eye-hand coordination, Fine motor skill

ADMINISTERING

1. Always use the tape to administer REFER.
2. If a student does not understand the verbal instructions, always demonstrate and/or give guided practice to try to guarantee the student is not confused about how the task is performed.
3. If there is any doubt where a sample began and ended, place long slash marks at the beginning and end.
4. Use prompts such as the following to keep students performing (e.g., pointing, "Keep going," "go on").
5. If something interrupts a practice or screening session, rewind the tape and start over.

SPECIFIC TO TOUCHING CIRCLES AND WRITING LOOPS

1. If a student does not begin when you ask him to begin, point to place for student to start.
2. If student does not spontaneously move from left to right, or is very slow, point at each item to help maintain pace.
3. To assist students in beginning new row, point to the first item in the row (i.e., first item on student's left).
4. Make sure pencils used do not have erasers (if student wants to correct merely say "that's ok" and tell him to go ahead).
5. "Start over" on the bottom of the Touch Circle sheet is a signal to have the student start the page over if he finishes before the time is up.
6. Steady the booklet for the student if necessary.

INSTRUCTIONS FOR FILLING IN BOXES

1. Student Name Indicate student's first and last name. Left justify each name.
2. Grade 0 = None, P = Preschool, K = Kindergarten, 1 = 1st grade.
3. Semester Indicate F (Fall—August through December) or S (Spring—January through June).
4. District Enter standard code from state, county, or parish.
5. Building Enter standard code from state, county, or parish.
6. Sex Mark X for male (M) or female (F).
7. Birthdate Write date like the following: 17 APR 76; use 0 in front of single digit (e.g., 01).
8. Special Education Placement Indicate Y for yes or N for no.  
S = Asian  
1 = BIA Native American  
N = Native American  
0 = Other  
H = Hispanic
10. Bilingual Indicate Y for yes or N for no.
11. Date Write in date screening takes place in day/month/year form (e.g., 18 APR 76). Use 0 in front of single digit (e.g., 01).
12. Performance Boxes Write correct performances for screening session in designated boxes. Right justify.
13. Absences Write "ABS" in first performance box if a student was absent.
14. No Response If student fails to respond to a skill, write "000" in the performance box for that skill.
15. Teacher Information Fill in your name, social security number, and building name. If more than one pupil is screened in classroom, complete this section only on the top booklet (first booklet in alphabetical order).

INSTRUCTIONS FOR RETURNING SCREENING FORMS

1. Alphabetize the booklets by classroom.
2. Count number of booklets in each classroom and write the number in a circle on the first booklet (e.g., (26)).
3. Staple each classroom set in upper left corner.
4. Send booklets in envelope provided.

STUDENT NAME

1 FIRST LAST MI

2 GRADE

3 SEMESTER

4 DISTRICT

5 BUILDING

6 SEX M F

7 BIRTHDATE DAY MONTH YEAR

8 SPECIAL ED PLACEMENT Y/N

9 ETHNIC

10 BILINGUAL Y/N

11 SCREENING DATE DAY MONTH YEAR

12 PERFORMANCE BOXES

13 NOTE: IF STUDENT IS ABSENT, WRITE "ABS" IN FIRST BOX

14 NO RESPONSE—WRITE 000

15 TOUCHING CIRCLES

A

B

C

D

TEACHER NAME FIRST MI LAST

15 TOUCHING CIRCLES

SOC. SEC. NO.

SCHOOL BUILDING NAME

TEACHER OPINION

Please indicate how the student rates most of the time using this scale (rate all items):

- 1 Poor
- 2 Below Average
- 3 Slightly Below Average
- 4 Slightly Above Average
- 5 Above Average
- 6 Excellent

Gross Motor Development	Fine Motor Development	Motor Coord	Creativity
Attention Span	Work/Study Habits	Self-Motivation	Attitude Toward School
Peer Group Participation	Attitude Toward Peers	Leadership	Self-Concept
Reaction To Stress	Attitude Toward Adults	Politeness	Body Care
Maturity For Age	Clothing Care	Responsibility	Family Relationships
Safety Awareness			

Screening	60 seconds
Practice up to	30 seconds

Practice up to	30 seconds
Screening	60 seconds

## A. WRITE LOOPS

**INSTRUCTIONS:** 1. "Make loops like this" *o o o o*; demonstrate.  
 (Use the REFER tape; if unavailable, follow these instructions.)  
 2. Practice for up to 30 seconds, tell-show-help.  
 3. "Keep making loops until I ask you to stop." Do not help.

**CORRECTIONS:** 1. Count correcte's when looped up and crossed.

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 (Use the REFER tape; if unavailable, follow these instructions.)  
 2. Practice for up to 30 seconds, tell-show-help.  
 3. "Keep making loops until I ask you to stop." Do not help.

**CORRECTIONS:** 1. Count correcte's when looped up and crossed.

PRACTICE

*o o o o o o*

SAMPLE

## B. TOUCH BODY PARTS

Practice up to	30 seconds
Screening	30 seconds

TALLY:

**INSTRUCTIONS:**  
(Use the REFER tape: if unavailable, follow these instructions.)

1. Ask student to stand up.
2. "Touch each part of your body as I say it"; demonstrate.
3. Practice for up to 30 seconds, tell-show-help.
4. As soon as child touches one part, say the name of the next body part immediately. (Do not help.)

**CORRECTION:** 1. Count parts touched correctly.

head	ear	nose	chin	neck	shoulder	hand	stomach	knee	foot	(10)
chin	ear	head	neck	nose	stomach	hand	shoulder	knee	foot	(20)
nose	knee	foot	chin	hand	shoulder	neck	stomach	ear	head	(30)

START OVER

## C. COUNT FROM 1 TO 10

Practice up to	30 seconds
Screening	30 seconds

TALLY:

**INSTRUCTIONS:**  
(Use the REFER tape: if unavailable, follow these instructions.)

1. "Count from 1 to 10 over and over like this"; demonstrate.
2. Practice for up to 30 seconds, tell-show-help.
3. Record "0" if child cannot count to 10—go to next task.
4. "Keep counting until I ask you to stop."

**CORRECTION:**

1. Each time a student correctly completes the 1 to 10 series, make a tally mark. *Multiply this tally by 10 after the sample is completed.*
2. If a student omits one or more numbers in a series or repeats, merely write down how many correct numbers in order were said.
3. Total 1 and 2 to get total correct numbers said by the student.

Screening	Practice up to 30 seconds
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Screening	Practice up to 30 seconds
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## D. TOUCH CIRCLES

**INSTRUCTIONS:**  
 (Use the REFER tape; if unavailable, follow these instructions.)





























































1. Please touch the circles one at a time from left to right, like this"; demonstrate.
2. Practice for up to 30 seconds, tell-show-help.
3. "Keep touching until I ask you to stop."

**CORRECTION:**  
 (Must lift finger; count one touch per circle).

1. "Please touch the circles one at a time from left to right, like this"; demonstrate.
2. Practice for up to 30 seconds, tell-show-help.
3. "Keep touching until I ask you to stop."

**CORRECTION:**  
 (Must lift finger; count one touch per circle).

**INSTRUCTIONS:**  
 (Use the REFER tape; if unavailable, follow these instructions.)

(6)										
(12)										
(18)										
(24)										
(30)										
(36)										
(42)	