



# Kindergarten Screeners---DRAFT

**Date:**

**School:**

**Student Name:**

**Teacher Name:**

## Assessment Scores & Goals:

Assessment Name	Fall Score	Mid-year Goal	Mid-year score	End-of-year Goal	End of year score
Marie Clay					
Phoneme Segmentation Fluency					
Writing Prompt					
Quantity Discrimination					

## Teacher Observations:

## Parent/Guardian Information:

## Goal Setting:

## Recommendations:

*At school:*

*At home:*