**The Head Start Program of Androscoggin County**



269 Bates Street, Lewiston, ME 04240

**P:** (207) 795-4040 **F:** (207) 795-4044

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| **Parental Information** |
| Child’s native language  |
| Does parent have difficulty understanding child at home in native language? |
| Parental concerns?  |
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| **Health** |
| Health issues to be considered: |
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| Lead level if concerning:  |
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| **Classroom Information** |
| Was a language facilitator used for screening?  |
| Has language facilitator spent time with child?  |
| How much time has language facilitator spent with child? |

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| **Behaviors observed by language facilitator** |
| Does language facilitator have difficulty understanding child? |
| Does child respond to one step directions? 2 step directions? |
| Does child initiate interactions with peers appropriately? |
| Does child answer yes/no questions? |
| Does child attend to adult directed activities? |
| Does child follow classroom routine? |
| Does child interact with peers? |
| Does child display aggressive behaviors? |

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