Ouachita Parish Universal Speech-Language Screener

Student’s Name: _________________________________  Homeroom Teacher: _________________________________

Teachers, please check areas(s) of concern:

____ Articulation…may omit, substitute, or distort certain speech sounds.

____ Voice…may be hoarse, breathy, nasal. May talk too loudly or too softly.

____ Fluency…may stutter, repeat words, hesitate, or prolong words.

____ Language…may have difficulty with colors, numbers, grammar, auditory memory, etc. Appears to function below his/her grade level.

____ Hearing…may appear inattentive or to have information repeated frequently.

__________________________________________  __________________________
DIBELS Administrator                          Date Screened


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