**East Missouri Action Agency**  
**Head Start**  
**SOCIAL/EMOTIONAL SCREEN**

Child: ____________________  
Birth date: ____________  
Chronological age (yrs & months): ____________  

The purpose of this screen is to help identify the social and emotional needs of a child. **Every child must be screened within 45 days of enrollment.** A child may be re-screened at anytime if there are additional concerns. After filling out this checklist, the teacher discusses this screening with parents (see below).

Teacher signature ____________________  
Date screened ____________

### Social Concerns

- Avoids playing with peers
- Does not interact with adults
- Tries, but is unable to attach, to peers and/or adults

**Comments and other examples of social concerns:**  
Social score: _____ = ( ___ x 2 ) + ( ___ x 1 ) + 0

### Behavior Concerns

- Dangerously aggressive toward others
- Self-destructive or destroys property when upset
- Difficulty accepting feedback from others, e.g., becomes angry, defiant, ignores
- Engages in disruptive behaviors

**Comments and other examples of behavior concerns:**  
Behavior score: _____ = ( ___ x 2 ) + ( ___ x 1 ) + 0

### Unhappiness or Anxiety

- Frequent sadness, e.g., many crying episodes
- Isolating behaviors, e.g., severely withdrawn, non-communicative (vs. just being shy)
- Constant need for reassurance
- Excessive anxiety or fears, nervous habits
- Difficult adapting to new environments or situations

**Comments and other examples of unhappiness or anxiety:**  
Emotional score: _____ = ( ___ x 2 ) + ( ___ x 1 ) + 0

### Teacher’s Overall Concerns

Teacher’s overall concerns: 1 2 3 4 5  
Social/Emotional Screen ___/_______/__________

Parent’s reactions: Is your child’s behavior quite different at home?

What can you share with us about your child’s social and emotional development?

Parent’s signature  
*Note: Our Healthy Living Counselor routinely observes children for whom staff and parents have concerns.*