

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).

O F T E N	S O M E T I M E S	S O R E L Y O R
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Teacher signature _____ Date screened _____

Avoids playing with peers			
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Does not interact with adults			
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Tries, but is unable to attach, to peers and/or adults			
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Comments and other examples of social concerns :	Social score: ____ = (____ x 2) + (____ x 1) + 0
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Dangerously aggressive toward others			
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Self-destructive or destroys property when upset			
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Difficulty accepting feedback from others, e.g., becomes angry, defiant, ignores			
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Engages in disruptive behaviors			
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Comments and other examples of behavior concerns :	Behavior score: ____ = (____ x 2) + (____ x 1) + 0
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Frequent sadness, e.g., many crying episodes			
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Isolating behaviors, e.g., severely withdrawn, non-communicative (vs. just being shy)			
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Constant need for reassurance			
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Excessive anxiety or fears, nervous habits			
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Difficult adapting to new environments or situations			
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Comments and other examples of unhappiness or anxiety :	Emotional score: ____ = (____ x 2) + (____ x 1) + 0
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Teacher's overall concerns: 1 2 3 4 5 no concerns-----very concerned	Social/Emotional Screen ____ / ____ / ____ Score: social/behavior/emotional
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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.