

East Missouri Action Agency
Head Start
SOCIAL/EMOTIONAL SCREEN

Child: _____ Birth date: _____ Chronological age (yrs & months): _____

<p>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.</p> <p>After filling out this checklist, staff discuss this and the “DIAL-3 Parent Questionnaire” with parents. Is the child’s behavior quite different at home? What can parents share with staff about their child’s social and emotional development?</p>	O F T E N	S O M E T I M E S	S OR N E E L V D E O R M
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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:

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

Comments and other examples of behavior concerns:

Frequent crying episodes			
Severely withdrawn, non-communicative (versus just being shy)			
Constant need for reassurance			
Excessive anxiety or fears, nervous habits			

Comments and other examples of unhappiness or anxiety:

Parent’s reactions: _____ Date: _____

Teacher’s signature: _____ Parent’s signature: _____

Note: Our Healthy Living Counselor routinely observes children for whom staff and parents have concerns.