

Three-Year-Old Child Data Sheet for the **BRIGANCE®** Preschool Screen

3Y

A. Child Data	Year	Month	Day	
Child's Name _____	Date of Screening _____	_____	_____	School/Program _____
Parents/Guardian _____	Birth date _____	_____	_____	Teacher _____
Address _____	Age _____	_____	_____	Examiner _____

B. Basic Screening Assessments			C. Scoring		
Page	Assessment Number	Skill (Circle the skill for each correct response. Make notes as appropriate.)	Number of Correct Responses	Point Value	Child's Score
2	1A	Personal Data Response: orally gives 1. first name 2. last name 3. age	x	2 points each	/6
3	2A	Identifies Body Parts: Points to or touches 1. ears 2. head 3. legs 4. arms 5. fingers 6. thumbs 7. toes 8. neck 9. stomach	x	1 point each	/9
4	3A	Gross-Motor Skills: 1. Stands on one foot one second. 2. Walks tiptoe three steps. 3. Walks forward heel-and-toe three steps.	x	3 points each	/9
5	4A	Identifies Objects: Points to picture of 1. stove 2. coat 3. car	x	3 points each	/9
6	5A	Repeats Sentences: Repeats sentences of 1. three syllables 2. four syllables 3. five syllables	x	3 points each	/9
7	6A	Visual-Motor Skills: Copies 1. 2. _____ 3.	x	3 points each	/9
8	7A	Number of Concepts: Demonstrates by giving 1. one 2. one more 3. two	x	3 points each	/9
9	8A	Builds Tower with Blocks: Builds a tower with 1. 3 blocks 2. 4 blocks 3. 5 blocks 4. 6 blocks 5. 7 blocks	x	2 points each	/10
10	9A	Matches Colors: Matches 1. red 2. blue 3. green 4. yellow 5. orange	x	2 points each	/10
11	10A	Picture Vocabulary: Names 1. tree 2. bird 3. apple 4. pencil 5. sock	x	2 points each	/10
12	11A	Plural s and -ing: Adds 1. plural s 2. -ing to verbs	x	5 points each	/10

D. Observations 1. Handedness: Right _____ Left _____ Uncertain _____ 2. Grasps pencil with: Fist _____ Fingers _____ 3. Hearing appeared to be normal: (See Functional Hearing and Vision) Yes _____ No _____ Uncertain _____ 4. Vision appeared to be normal: (See Functional Hearing and Vision) Yes _____ No _____ Uncertain _____ 5. Record other observations below or on another sheet. _____ _____	E. Summary (Complete only if child is screened with a group.) Compared to other children included in this screening: 1. this child scoredLower _____ Average _____ Higher _____ 2. this child's age isYounger _____ Average _____ Older _____ 3. the teacher rates this childLower _____ Average _____ Higher _____ 4. the examiner rates this childLower _____ Average _____ Higher _____ <hr/> F. Recommendations _____ _____ _____
Total Score = _____ /100	

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