End-of-Year One Data Sheet for the *BRIGANCE® P/K/1 Screen*

End of 1

A. Student's Name _____ Date of Screening _____ Year _____ Day _____ Month _____ 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 and make notes as appropriate.)*	Number of Correct Responses	Point Value	Student's Score
40 & 41	1C	**Responds to Picture:** 1. Finds or names different objects. 2. Understands directional/positional concepts. 3. Understands quantitative concepts. 4. Tells what is happening. 5. Anticipates events. 6. Categorises objects. 7. Compares objects. 8. Tells a story about the picture.	x	1 point each	/8
42	2C	**Basic Preprimer Vocabulary:** Reads basic vocabulary found in preprimer reading programs. 1. a 5. go 9. it 13. to 17. at 21. my 2. and 6. I 10. look 14. what 18. for 22. not 3. can 7. in 11. me 15. with 19. get 23. see 4. do 8. is 12. the 16. you 20. like 24. we	x	2 points each	/48
43	3C	**Reads Orally:** Reads a 33-word passage without experiencing difficulty with more than one word (97% accuracy). 1. Preprimer Level 2. Primer Level	x	8 points each	/16
44	4C	**Basic Number Skills:** Responds correctly for the domino shown for each respective skill. 1. Compares quantities and identifies which is more or less. 2. One-to-one matching. 3. Joins sets. 4. Writes numeral for sum of two sets. 5. Gives quantitative differences.	x	1 point each	/5
45	5C	**Articulation of Sounds:** *(Circle the letter for each sound articulated well.)* *y* — yoyo *f* — fish *j* — jar *wh* — wheel *sc* — scissors *z* — zip *v* — video *th* — thumb *sh* — sheep *l* — leaf *ch* — chair *r* — rabbit *br* — bread *st* — star *sk* — skirt *sp* — spoon *tr* — truck *dr* — dress *sw* — swing *sn* — snake	x	1 point each	/20
46	6C	**Comprehension and Language:** 1. Tells how things are different. 2. Tells how things are alike. 3. Tells use of objects.	x	1 point each	/3
			Total Score: _____/100		

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 on another sheet.

E. Recommendations

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