

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



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 <i>(Circle the skill for each correct response. Make notes as appropriate.)</i>	Number of Correct Responses	Point Value	Child's Score
14	1B	Personal Data Response: orally gives 1. first name 2. last name 3. middle name 4. age	x	1 point each	/4
15	2B	Identifies Body Parts: Points to or touches 1. thumbs 2. toes 3. neck 4. stomach 5. chest 6. back 7. knees 8. chin 9. fingernails	x	1 point each	/9
16	3B	Gross-Motor Skills: 1. Stands on one foot one second. 2. Walks tiptoe four steps. 3. Walks forward heel-and-toe four steps.	x	3 points each	/9
17	4B	Tells Use of Objects: Tells use of 1. stove 2. coat 3. car	x	3 points each	/9
18	5B	Repeats Sentences: Repeats sentences of 1. four syllables 2. six syllables 3. eight syllables	x	3 points each	/9
19	6B	Visual-Motor Skills: Copies 1. _____ 2. 3. +	x	3 points each	/9
20	7B	Number of Concepts: Demonstrates by giving 1. two 2. three 3. five	x	3 points each	/9
21	8B	Builds Tower with Blocks: Builds a tower with 1. 6 blocks 2. 7 blocks 3. 8 blocks 4. 9 blocks 5. 10 blocks	x	2 points each	/10
22	9B	Identifies Colors: Points to 1. red 2. blue 3. green 4. yellow 5. orange	x	2 points each	/10
23	10B	Picture Vocabulary: Names 1. boat 2. kite 3. wagon 4. ladder 5. scissors 6. leaf	x	2 points each	/12
24	11B	Prepositions and Irregular Plural Nouns: Uses 1. prepositions 2. irregular plural nouns	x	5 points each	/10
D. Observations 1. Handedness: Right _____ Left _____ Uncertain _____ 2. Grasps pencil with: Fist _____ Fingers _____ 3. Hearing appeared to be normal: <i>(See Functional Hearing and Vision)</i> Yes _____ No _____ Uncertain _____ 4. Vision appeared to be normal: <i>(See Functional Hearing and Vision)</i> Yes _____ No _____ Uncertain _____ 5. Record other observations below or on another sheet. _____ _____			E. Summary <i>(Complete only if child is screened with a group.)</i> 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 _____ F. Recommendations _____ _____ _____		
			Total Score = _____ /100		

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