

3-YEAR OLD COMMUNICATION, COGNITIVE, and MOTOR SCREENER

<u>Receptive Language</u>	<u>Yes</u>	<u>No</u>
1. Does your child understand / point to / identify at least 50 common words [such as, clothing items, body parts, preferred toys / materials, food items, action words (eat, drink, play, go, sleep, walk), and descriptive concepts (big, little, hot, fast)]?		
2. Does your child understand at least three location words [such as, “in,” “on,” “under,” “next to” (or “beside”), “behind” (or “in back of”)]?		
3. Does your child understand at least one number or quantity concept (e.g., “one,” “three,” “all”)?		
4. Does your child understand the difference between “my” and “your”?		
5. Does your child correctly follow two-step related verbal directions? (with gestures _____ OR without gestures _____)		
6. Does your child correctly follow three-step related verbal directions? (with gestures _____ OR without gestures _____)		
7. Does your child correctly answer simple “yes” and “no” questions related to personal wants and needs (such as, “Do you want to go outside?” or “Do you want something to drink?” or “Are you hungry?”)?		
8. Does your child correctly answer simple “what” and “where” questions (such as, “What’s that?” “What do you want?” or “Where is your ball?” or “Where do you sleep?”)?		
9. Does your child attend to or focus on someone who is speaking to him / her?		
10. Does your child respond appropriately to when someone greets him / her (such as, waves, smiles, says, “Hi,” says, “Bye”)?		
If 5 No’s in a row, stop section and move to next section	TOTAL:	
<u>Expressive Communication</u>	<u>Yes</u>	<u>No</u>
1. Does your child use words to request what he / she wants or needs?		
2. Does your child name at least 20 common objects or pictures (such as, body parts, household objects, clothing, toys, food, animals, classroom materials)?		
3. Does your child initiate a social routine or turn-taking game with another person?		
4. Does your child use at least three pronouns (such as, “I,” “me,” “my,” “mine,” “you,” “your”)?		
5. Does your child combine at least three words into simple sentences (such as, “Mommy go out.” or “Gimme juice, please.” or “My tummy full.” or “No want milk.” or “That my toy.”)?		
6. Does your child ask simple questions (such as, “Where’s ___?” or “What’s that?”)?		
7. Does your child say the following sounds at the <u>beginning of a word</u> when using single words? Circle the sounds the child says: p, b, d, m, h, w, n, t, g, k (Pass: 8 or more sounds)		
8. Does your child say the following sounds at the <u>end of a word</u> when using single words? Circle the sounds the child says: p, b, d, m, h, w, n, t (Pass: 6 or more sounds)		
9. Does your child speak clearly enough so that non-family members understand at least 50% to 60% of what he / she is saying?		
10. Does your child’s voice sound differently from other children (hoarse, breathy, raspy, rough)?		
If 5 No’s in a row, stop section and move to next section	TOTAL:	

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<u>Cognitive</u>	<u>Yes</u>	<u>No</u>
1. Does your child engage in pretend play (for example, pretends to feed a baby doll)?		
2. Does your child engage in symbolic play (for example, uses one object to represent another, such as, using a banana as a telephone, or a spoon as a microphone)?		
3. Does your child sit to look at a book independently or allow you to read him / her a simple story?		
4. Does your child use toys for their intended purpose (for example, uses a shovel to dig) and activate cause-n-effect toys (for example, pushes button for toy to pop-up)?		
5. Does your child match objects by color or shape (completes a shape sorter or shape puzzles)?		
6. Does your child stack or build a tower of at least six blocks?		
7. Does your child point to / identify at least three colors <u>and</u> two shapes?		
8. Does your child verbally state his / her first name, age, and gender?		
9. Does your child rote count to at least five?		
10. Does your child independently complete single inset, non-interlocking, puzzles of three to four pieces?		
If 5 No's in a row, stop section and move to next section	TOTAL:	
<u>Motor</u>	<u>Yes</u>	<u>No</u>
1. Does your child hold a writing instrument (pencil, crayon, marker) using a fist (palm) or finger grasp?		
2. Does your child make purposeful markings on the writing surface?		
3. Does your child copy a circle that is already drawn for him / her?		
4. Does your child turn single pages in a book?		
5. Does your child screw and unscrew jar lids or turn door handles?		
6. Does your child walk and run without falling?		
7. Does your child walk up and down stairs, placing one foot on each step?		
8. Does your child climb with adequate coordination?		
9. Does your child kick a ball without falling?		
10. Does your child throw a ball (any size) to someone standing five feet away with direction?		
If 5 No's in a row, stop section and move to next section	TOTAL:	

Administrative Use Only:

Receptive _____ R or P

Expressive _____ R or P

Cognitive _____ R or P

Motor _____ R or P

Reviewer Initials: _____

Outcome: Refer to Child Find

Continue to Monitor

Re-screen in _____ mos

CCM 3 Screener- Child Find Hillsborough 5/1/20