

**Screening Information**

Date of Activity: \_\_\_\_\_

School or Center: \_\_\_\_\_

Class/Instructor: \_\_\_\_\_

Which child was involved? \_\_\_\_\_

**Early Communication Indicators**

Total Minutes ECI: \_\_\_\_\_

Total Gestures: \_\_\_\_\_

Total Single Words: \_\_\_\_\_

Total Vocalizations: \_\_\_\_\_

Total Multi-Word: \_\_\_\_\_