



myIGDI Early Literacy+

Screening Information

Date of Activity: _____
Which child was involved? _____
School or Center: _____
Class/Instructor: _____

Early Literacy+ Scoring Information

myIGDI Early Literacy+ Sub Assessment Name (select one):

- | | |
|---|---|
| <input type="checkbox"/> Picture Naming | <input type="checkbox"/> Picture Naming/Denominacion de los Dibujos |
| <input type="checkbox"/> Rhyming | <input type="checkbox"/> Expressive Verbs/Verbos Expressivos |
| <input type="checkbox"/> Alliteration | <input type="checkbox"/> First Sounds/Primeros Sonidos |
| <input type="checkbox"/> Sound Identification | <input type="checkbox"/> Sound ID/Identificación de los sonidos |
| <input type="checkbox"/> Which One Doesn't Belong | <input type="checkbox"/> Letter ID/Identificación de las letras |

Testing Type (select one):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Screening | <input type="checkbox"/> Progress Monitoring |
|------------------------------------|--|

Testing Season (select one):

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Spring | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Summer | <input type="checkbox"/> Winter |

Tier (select one):

- | | | |
|----------------------------|------------------------------|-----------------------------------|
| <input type="checkbox"/> I | <input type="checkbox"/> Cut | <input type="checkbox"/> II / III |
|----------------------------|------------------------------|-----------------------------------|

Sub Assessment Score: _____

Sub Assessment Scaled Score: _____