

Group 1 - Preschool (age 3;0 – 5;11)

Subject # _____ Date ___/___/_____
 DOB ___/___/_____
 Age _____

Tasks – Hour 1	Complete	Incomplete	Did Not Do	Notes
GFTA				
Hearing Screen				
Conversational Sample				
LST				
CWT				
VT1				
VT2				
SRT				
NRT				
EST				
MWT1				
SPT				
DDK				
SVT				
SCT				
Tasks – Hour 2				
OET				
OWLS				
KBIT				
Administrative/Other				
Consent/Assent Form(s)				
Case History Form				
Examiner Checklist				