SRSS-IE Screening Results

Elementary Teacher Information

School: _____

Screening Teacher: _____

Date of Screening: _____

List students who scored in the **High Risk Categories.**

SRSS-IE **Items 1-7**		SRSS-IE **Items 8-12**	
High Risk = 9-21 Total Score (Column _____)		High Risk = 4-15 Total Score (Column _____)	
Name	Total Score	Name	Total Score

List students who scored in the **Moderate Risk Categories.**

SRSS-IE **Items 1-7**		SRSS-IE **Items 8-12**	
Moderate Risk = 4-8 Total Score (Column _____)		Moderate Risk = 2-3 Total Score (Column _____)	
Name	Total Score	Name	Total Score