GAUTENG PROVINCE
EDUCATION
REPUBLIC OF SOUTH AFRICA

Gr R SCREENING TOOL
EARLY IDENTIFICATION TO ENSURE APPROPRIATE SUPPORT
TO BE COMPLETED FOR ALL LEARNERS ENTERING
2026

Name of School: _____ **EMIS number:** _____

Learner: Surname: _____	**Name:** _____
Date of Birth - Year: _____ Month: _____ Day: _____	**Gender:** Male / Female
Is the learner repeating this grade? Yes / No	**Are there learners with physical impairments:** Yes / No
LOLT: _____	**Home Language of learner (HL):** _____

A	Question 1-8 Does the learner? Question 9-19 Can the learner?	Able 1 mark	Unable 0 mark	COMMENTS	CONCERN
1	Know his/her name & surname?				
2	Know his/her age?				
3	Understand and respond to instructions?				
4	Speak clearly?				
5	Play well with others?				
6	Make friends easily?				
7	Appear healthy?				
8	Cope emotionally at school. (Does not cry easily?)				
9	Visit the toilet independently?				
10	Name basic body parts?				
11	Tell a story				
12	Separate easily from parents				
13	Count to 10?				
14	Build a tower with 4 blocks? / Build a 4-piece puzzle?				
15	Sort 3 coloured objects (Red, blue, yellow)				
16	Throw and catch a big ball using both hands?				
17	Walk on a straight line? (Heel and toe)				
18	Name 2 shapes?				
19	Copy a pattern?				
20	Drawing of a person?				
TOTAL: (If 10 or less = early indicator for support) /20				**Support needed Please mark with a x**	**Yes** / **No**

OBSERVATIONS:

SUMMARY OF QUESTIONS	Support needed
SUPPORT REQUIRED: **If the learner scored 10 or less, the learner needs to be recorded on the:** **Evidence Sheet for Learners Supported through the Policy on SIAS**	**Indicate score:** ☐

Class educator name & surname: _____ **Signature**: _____

Date of screening: _____