

**Teacher Input – Functional Communication**

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| --- | --- | --- | --- | --- | --- |
| Date: |  | | | SAU: |  |
| Child’s Name: |  | | | School: |  |
| Date of Birth: |  | Grade: |  | School Phone: |  |
| Parent/Guardian Name: |  |  | | School Address: |  |
| Parent/Guardian Address: |  |  | | City, State Zip: |  |
| Parent/Guardian City, State Zip: |  |  | | School Contact: |  |

**Your observations of the above student’s speech will help determine if there is a functional communication problem which is adversely affecting educational performance. Check all items that have been observed. Please return the completed form to the Speech-Language Pathologist.**

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| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| 1) | Are the communicative interactions (e.g. initiation, topic maintenance, turn-taking, greetings and closings) that convey social use of language adequate for classroom and social setting participation? |  |  |
| 2) | Is the student usually successful in requesting, commenting, and answering about objects, actions, etc. (note that any mode of communication is acceptable)? |  |  |
| 3) | Is the student usually successful in using one or more modes of communication (e.g. verbal, sign, pointing, augmentative or alternative system)? |  |  |
| 4) | Does the student comprehend others by demonstrating knowledge of what was conveyed through action or speech? |  |  |
| 5) | Does the student use language at ability level to make his/her wants and needs known to others? |  |  |
| 6) | Does the student use language at ability level to learn new information or to convey what has been learned? |  |  |
| It is my opinion that these behaviors: | | | |
| Do not adversely affect educational performance | | | |
| Do affect educational performance | | | |

Do you have any other observations relating to the communication skills of this student?

Teacher Signature Date

Adapted from *Standards for the delivery of speech-language services in Michigan public schools,* Michigan Speech-Language Hearing Association (1995)