



Teacher Input - Language

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 language problem which is adversely affecting educational performance. Check all items that have been observed. Please return the completed form to the Speech-Language Pathologist.

	Yes	No
1) Does the student speak in complete sentences?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do sentences contain word combinations and complexity appropriate to student's age/grade?	<input type="checkbox"/>	<input type="checkbox"/>
3) Does the student use grammar appropriate to age/grade (e.g. verb tense, pronouns, plurals, negatives)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Does the student ask Wh questions?	<input type="checkbox"/>	<input type="checkbox"/>
5) Does the student use vocabulary appropriate to age/grade?	<input type="checkbox"/>	<input type="checkbox"/>
6) Does the student use language appropriately in the context of social situations?	<input type="checkbox"/>	<input type="checkbox"/>
7) Does the student express him/herself effectively (e.g. organized, sequential thoughts)?	<input type="checkbox"/>	<input type="checkbox"/>
8) Does the student contribute to class discussions?	<input type="checkbox"/>	<input type="checkbox"/>
9) Does the student initiate and maintain conversations?	<input type="checkbox"/>	<input type="checkbox"/>
10) Does the student follow oral directions without repetitions?	<input type="checkbox"/>	<input type="checkbox"/>

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| 11) | Does the student listen to stories and interpret meanings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) | Does the student understand new concepts taught? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) | Does the student retain new information? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) | Does the student remember and recall old and new information? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) | Does the student use verbal skills to solve problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) | Does the student understand figurative language (e.g. humor, idioms, proverbs) appropriate to age/grade? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) | Does the student comprehend Wh and other question forms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) | Is the student developing reading skills appropriate to age/grade? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) | Is the student developing writing skills appropriate to age/grade? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20) | Does the student appear distracted by noise or competing messages? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21) | Does the student use language as one of the primary means for obtaining information? | <input type="checkbox"/> | <input type="checkbox"/> |

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)