

SPEECH AND LANGUAGE CHECKLIST

*Teacher must notify parents of speech/language concerns.

*School site speech pathologist must sign this form

Child's Name _____ School _____

DOB _____ Grade _____ HO# _____

Parents' Names _____

Address _____

Phone numbers _____

Hearing Test from CUM Folder: Date _____ Pass _____ Fail _____

Vision Test from CUM Folder: Date _____ Pass _____ Fail _____

Has the student received speech therapy in the past? Yes ___ Date _____ No _____

Is this student proficient in English? Yes _____ No _____

If not, what language is this student proficient in? _____

**IF THE STUDENT IS CURRENTLY RECEIVING ESL OR BILINGUAL SERVICES,
THE ESL OR BILINGUAL TEACHER SHOULD COMPLETE PAGE 3 AND 4
BEGINNING WITH ENGLISH LEARNERS IN BILINGUAL CLASSROOMS.**

State primary concerns regarding the student's communication ability. _____

Provide a sample of the student's verbal expression, which indicates a need for further assessment (verbatim sentences). _____

Comments: Please state any issues that you feel may have affected the student's language learning process, i.e. family issues, cultural adjustments, etc. _____

YES NO

Is the student punctual and in regular attendance?
 Does the student experience difficulty relating to his/hers peers?
 If yes, explain _____

Has the student been referred for a psycho-educational assessment? Yes No
 Has the school site speech pathologist observed this student? Yes No
 Has the student been referred to the SST? Yes No
 What interventions have been implemented in the classroom to address suspected speech and language problem(s)?

Name of teacher _____ E-mail _____
 Name of school site speech pathologist _____
 Name of person completing this form _____ Date _____
 *Signature of school site speech pathologist _____
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ENGLISH LEARNERS IN BILINGUAL CLASSROOMS (receiving instruction in primary language)
 How long has this student received Bilingual services? _____
 How long has this student resided in the USA? _____
 What language(s) is spoken in the home? _____

State primary concerns regarding the student's communication ability _____

STUDENT'S PROGRESS IN ENGLISH YES NO
 Does the student have difficulty remembering and using new vocabulary?
 Does the student have difficulty reemerging and using new phrases?
 Does the student learn at a slower rate than others?
COMMUNICATION IN HIS/HER NATIVE LANGUAGE YES NO
 Does the student have difficulty understanding oral directions?
 Does the student have difficulty following conversation?
 Does the student use age appropriate/precise vocabulary?
 Does the student speak in incomplete or grammatically incorrect sentences?
 Does the student relate stories/events in an illogical, poorly organized manner?
 Does the student pronounce sounds in words incorrectly?

COMMUNICATION IN HIS/HER NATIVE LANGUAGE **YES** **NO**

Does the student repeat sounds, syllables, words excessively and sometimes stops completely?
Does the student have difficulty expressing ideas and needs adequately?

Comments: Please state any issues that you feel have affected the student's language learning process, i.e., family issues, cultural adjustments, etc. _____

Does the student's communication difficulty adversely affects his/hers educational performance, and the student's needs cannot be meet in the classroom? Yes No

ACADEMIC PERFORMANCE **YES** **NO**

Is the student performing at grade level in core academic subjects?
Reading Decoding: Level _____
Reading Comprehension: Level _____
Math: Level _____

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