

**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 \_\_\_\_\_  
 \* \* \* \* \*

**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 \_\_\_\_\_

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 \_\_\_\_\_