**Teacher Language Checklist**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language spoken at home/school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please assign values based on observations of this student. Assign the most appropriate value based on child’s **actual ability**, and add any comments. Thank you.

**Does your student have difficulty with the following:**

**Please answer by circling N (Never), S (Sometimes), F (Frequently), A (Always)**

**Receptive Language**

Able to follow verbal directions N S F A

Comprehends information (does he/she say “huh” or “what” frequently) N S F A

Attention span appropriate for age N S F A

Needs clarification and/or repetition of a direction(s) N S F A

Listening abilities appropriate for age N S F A

Answers questions appropriately (rather than repeating what has been said) N S F A

Comprehends/remembers verbal information provided in class N S F A

Remembers class routines N S F A

**Expressive Language**

Participates in discussions N S F A

Uses complete thoughts when speaking N S F A

Uses correct sentence structure and grammar N S F A

Uses logical sequence of ideas to tell a story or relate events N S F A

Verbalizes in a fluent manner (does not get stuck on choice of words) N S F A

Uses age appropriate vocabulary Verbal communication is understandable N S F A

**Social Communication Skills**

Able to carry on a meaningful conversation with adults/peers N S F A

Begins, maintains and ends conversation appropriately N S F A

Makes relevant comments on the topic N S F A

Attends to speaker – maintains appropriate eye-contact N S F A

Understands humor, idioms and other figurative language N S F A

Other Possible Contributing Factors (Check if appropriate)

\_\_\_ Social/emotional \_\_\_ Chronological age \_\_\_Health \_\_\_Mental age

Comments:

-------------------------------------------------------------------------------------------------------------------------

Teacher Signature Date