



## Teacher Input—Language

|                            |  |                          |  |
|----------------------------|--|--------------------------|--|
| Date:                      |  | SAU:                     |  |
| School:                    |  | Grade:                   |  |
| Date of birth:             |  | Child's name:            |  |
| Parent/guardian name:      |  | Parent/guardian address: |  |
| Parent/guardian telephone: |  | Parent/guardian address: |  |
| Parent/guardian name:      |  |                          |  |
| Parent/guardian telephone: |  |                          |  |

**Your observations of the above student's language will help determine if a language problem adversely affects 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 the 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"/> |

Child's name:  
Date:

- 10.) Does the student follow oral directions without repetitions?
- 11.) Does the student listen to stories and interpret meanings?
- 12.) Does the student understand new concepts taught?
- 13.) Does the student retain new information?
- 14.) Does the student remember and recall old and new information?
- 15.) Does the student use verbal skills to solve problems?
- 16.) Does the student understand figurative language (e.g., humor, idioms, proverbs) appropriate to age/grade?
- 17.) Does the student comprehend Wh and other question forms?
- 18.) Is the student developing reading skills appropriate to age/grade?
- 19.) Is the student developing writing skills appropriate to age/grade?
- 20.) Does the student appear distracted by noise or competing messages?
- 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 (1985).

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|------------------------|
| Child's name:<br>Date: |
|------------------------|

Updated 8/1/2012