

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