**SLI – LANGUAGE CHECKLIST**

**This form may be used for prereferral, referral, reevaluation, or IEP development.**

**STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TEACHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSON COMPLETING FORM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP TO STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Referred for RTI: Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ if yes, indicate date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all items that describe student’s language skills. Feel free to write additional comments on back.

\_\_\_\_ 1. The above-named student demonstrates language skills comparable to those of classroom peers and does not appear to require intervention. (Please list test scores below and attach work samples, report carts, etc. as appropriate.)

\_\_\_\_2. The above-named student demonstrates language deficits, as indicated below;

 \_\_\_\_\_ 1. Does not use age-appropriate sentence length and/or structure.

 \_\_\_\_\_ 2. Does not ask/answer questions appropriately.

 \_\_\_\_\_ 3. Does not understand/use age-appropriate vocabulary.

 \_\_\_\_\_ 4. Does not adjust language to fit specific situations.

 \_\_\_\_\_ 5. Does not initiate and maintain age-appropriate conversations.

 \_\_\_\_\_ 6. Does not follow verbal directions without receiving repeated instructions

 or looking to see what other students are doing.

 \_\_\_\_\_ 7. Does not demonstrate understanding of information/instruction presented

 orally.

 \_\_\_\_\_ 8. Does not comprehend written material on present reading level.

 \_\_\_\_\_ 9. Does not express himself/herself effectively (e.g., organized, logical thoughts).

 \_\_\_\_\_ 10. Does not use verbal skills to solve problems.

 \_\_\_\_\_ 11. Does not understand age-appropriate figurative language (e.g. humor,

 idioms, proverbs).

 \_\_\_\_\_ 12. Does not verbally express choices, preferences, or feelings.

 \_\_\_\_\_ 13. Evidence of student’s problems with comprehension and/or expression of language

 documented as follows:

 \_\_\_\_\_ Observation (attach record of observation).

 \_\_\_\_\_ Work samples (please attach).

\_\_\_\_ 3. Formal/informal testing/assessments:

|  |  |  |
| --- | --- | --- |
| **DATE** | **NAME OR TYPE OF TEST/ASSESSMENT** | **SCORES OR RESULTS SUMMARY** |
|  |  |  |
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**PLEASE RETURN FORM TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**