SLI CHECKLIST: PRESCHOOL A1

NAME____________________ DOB_________________ DATE:________________
NAME OF PRESCHOOL OR PROGRAM______________________________
NAME OF PERSON COMPLETING FORM______________________________
RELATIONSHIP TO CHILD__________________________________________

Circle Yes or No to rate the above-named child’s performance.

1. Does this child eat, chew, and suck without drooling or choking? Yes No
2. Does this child follow two or more step verbal directions? Yes No
3. Does this child seem to understand what is said to him/her? Yes No
4. Does this child listen to stories? Yes No
5. Does this child know his/her first and last name? Yes No
6. Does this child identify common body parts and some objects? Yes No
7. Does this child participate in pretend play or imitate adult activities? Yes No
8. Does this child use words to communicate? Yes No
9. Does this child use words with more than one syllable (apple, baby)? Yes No
10. Does this child communicate verbally with other children? Yes No
11. Does this child verbally express wants/needs? Yes No
12. Does this child use sentences of appropriate length for his/her age? Yes No
13. Does this child ask simple questions? Yes No
14. Does this child answer simple questions? Yes No
15. Does this child play with other children? Yes No
16. Does this child prefer to play by him/herself? Yes No
17. Does this child name a variety of pictures/objects and actions? Yes No
18. Does this child imitate simple songs or nursery rhymes? Yes No
19. Does this child retell simple stories? Yes No
20. Is this child understood by his/her family? Yes No
21. Does this child’s speech include the use of many different sounds? Yes No
22. Is this child understood by people outside of the family? Yes No
23. Is this child’s speech as easy to understand as other children in the class? Yes No
24. Does this child talk smoothly without repeating sounds/words? Yes No

Please describe any other concerns related to the communication of this child:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

SIGNATURE OF PERSON COMPLETING FORM:______________________________________________

PLEASE RETURN FORM TO:______________________________________________________________

ALSDE 01/30/15