SLI CHECKLIST: PRESCHOOL A2
To be completed by Preschool teacher or Day Care Provider

CHILD ____________________________________ DOB ___________ AGE __________
NAME OF PRESCHOOL OR PROGRAM______________________________________________
PERSON COMPLETING FORM_____________________________________________________
RELATIONSHIP TO CHILD __________________________ DATE ________________

Place a check beside each characteristic observed for the above-named child.

LANGUAGE
_____ 1. Understanding/use of language appears typical for age.
   OR
_____ 2. Understanding/use of language is a problem because child does not:
   _____ ask/answer questions like other same-age children.
   _____ use appropriate sentence length and structures for age.
   _____ follow simple directions during classroom activities.
   _____ listen/respond to stories read to a small group.
   _____ carry on short conversation typical for age.

ARTICULATION
_____ 1. Speech sounds are typical for age.
   OR
_____ 2. Speech is a problem because:
   _____ teachers and/or classmates usually have trouble understanding what child says.
   _____ errors make it difficult for child to participate fully in oral classroom activities.
   _____ errors make it difficult for child to play and/or socially interact with classmates.

STUTTERING
_____ 1. Child speaks with developmentally appropriate fluency.
   OR
_____ 2. Stuttering is a problem because child:
   _____ often repeats syllables, words, or phrases.
   _____ often extends sounds longer than typical.
   _____ has difficulty talking to teachers and/or classmates.
   _____ avoids speaking at school during some activities because of stuttering.

VOICE
_____ 1. Voice appears normal for age.
   OR
_____ 2. Voice is a problem because:
   _____ it sounds unusual for age/sex.
   _____ it makes it difficult for the child to talk to teachers and/or classmates.
   _____ it makes it difficult for the child to participate fully in oral classroom activities.
   _____ 3. Child is under physician’s care for voice. (Attach explanation.)

SIGNATURE OF PERSON COMPLETING FORM: __________________________

PLEASE RETURN FORM TO:______________________________________________

Adapted from Mt. Brook form - SPEECH AND LANGUAGE OBSERVATIONS IN AN EDUCATIONAL ENVIRONMENT

ALSDE 01/30/15