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 cards, 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:

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<thead>
<tr>
<th>DATE</th>
<th>NAME OR TYPE OF TEST/ASSESSMENT</th>
<th>SCORES OR RESULTS SUMMARY</th>
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PLEASE RETURN FORM TO: ________________________________________________________

ALSDE 10/2013