

SLI CHECKLIST: PRESCHOOL A3

To be completed by Preschool Teacher or Day Care Provider

CHILD _____ AGE _____
PERSON COMPLETING FORM _____
RELATIONSHIP TO CHILD _____ DATE _____

Check yes or no to rate the above-named child's performance.

LANGUAGE

1. Does this child's use and understanding of spoken language seem typical for his/her age? yes no
2. Does this child ask/answer questions like other same-age children? yes no
3. Does this child use appropriate sentence length/structures? yes no
4. Is this child able to follow simple directions during classroom activities? yes no
5. Does this child listen/respond to stories read in a small group? yes no
6. Does this child carry on short conversations typical for his/her age? yes no
7. Does this child's ability to understand/use language make it difficult for him/her to participate fully in classroom activities? yes no

ARTICULATION

1. Does this child use speech sounds typical for his/her age? yes no
2. Do teachers/classmates have difficulty understanding his/her speech? yes no
3. Does this child's speech make it difficult for him/her to fully participate during oral classroom activities? yes no
4. Does this child's speech make it difficult for him/her to play with or socially interact with classmates? yes no

STUTTERING

1. Does this child often repeat syllables, words, or phrases more than other children his/her age? yes no
2. Does this child often extend sounds longer than usual? yes no
3. Does this child often seem to have difficulty getting words out? yes no
4. Does this child's stuttering make it difficult for him/her to talk to teachers and/or classmates? yes no
5. Does this child seem to avoid speaking at school during some activities? yes no

VOICE

1. Does this child's voice sound unusual for his/her age and/or sex? yes no
2. Has this child seen a physician because of his/her voice? yes no
3. Does this child's voice make it difficult for him/her to talk with teachers or classmates? yes no
4. Does this child's voice make it difficult for him/her to participate in oral classroom activities? yes no

SIGNATURE OF PERSON COMPLETING FORM: _____

PLEASE RETURN FORM TO: _____

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

Updated 4/10/19