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