

## 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 to RTI? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate date: \_\_\_\_\_

Check all items that describe the above-named student’s language skills. Feel free to write additional comments on back.

- \_\_\_\_\_ 1. The 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 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 repetition or following classmates’ cues.
  - \_\_\_\_\_ 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 are documented as follows:
    - \_\_\_\_\_ Observation (attach record of observation).
    - \_\_\_\_\_ Work samples (please attach).
- \_\_\_\_\_ 3. Formal/informal testing/assessments:

DATE	NAME OR TYPE OF TEST/ASSESSMENT	SCORES OR RESULTS SUMMARY

**SIGNATURE OF PERSON COMPLETING FORM:** \_\_\_\_\_

**PLEASE RETURN FORM TO:** \_\_\_\_\_