

### Language Teacher Input Form

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_ / \_\_\_\_\_

Language spoken at home/school: \_\_\_\_\_ / \_\_\_\_\_

Please describe your student's top two strengths: \_\_\_\_\_

Please describe your student's main difficulties: \_\_\_\_\_

\_\_\_\_\_

**Does your student have difficulty with the following:**

Please answer by circling N (Never), S (Sometimes), F (Frequently), A (Always)

	N	S	F	A	Subject(s) where difficulty occurs
Understanding directions or discussions, lectures?					_____
Understanding written directions or text?					_____
Recalling words and information?					_____
Understanding concepts in math, social studies, and science?					_____
Understanding and using age-level vocabulary?					_____
Understanding and expressing age-level figurative language?					_____
Using age-appropriate sentences?					_____
Using age-level grammatical skills?					_____
Understanding and asking questions?					_____
Participating in classroom discussions?					_____
Relating information in an organized, sequential manner?					_____
Remembering details?					_____
Completing written assignments?					_____
Taking notes in class?					_____
Test taking?					_____
Are written errors similar to oral language errors?					_____
Having behavior difficulties in structured situations?					_____
Having behavior difficulties in unstructured situations?					_____

Does your student try to make himself/herself understood? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

Please list any accommodations you have already tried for this student: (e.g., increased wait time, shortened assignments, reading tests etc.), \_\_\_\_\_

Please discuss academic progress concerns here, or attach a current progress/report card:

\_\_\_\_\_  
Teacher Signature Date

## Teacher Language Checklist

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Language spoken at home/school: \_\_\_\_\_ / \_\_\_\_\_

Please assign values based on observations of this student. Assign the most appropriate value based on child's **actual ability**, and add any comments. Thank you.

**Does your student have difficulty with the following:**

Please answer by circling N (Never), S (Sometimes), F (Frequently), A (Always)

**Receptive Language**

Able to follow verbal directions	N	S	F	A
Comprehends information (does he/she say "huh" or "what" frequently)	N	S	F	A
Attention span appropriate for age	N	S	F	A
Needs clarification and/or repetition of a direction(s)	N	S	F	A
Listening abilities appropriate for age	N	S	F	A
Answers questions appropriately (rather than repeating what has been said)	N	S	F	A
Comprehends/remembers verbal information provided in class	N	S	F	A
Remembers class routines	N	S	F	A

**Expressive Language**

Participates in discussions	N	S	F	A
Uses complete thoughts when speaking	N	S	F	A
Uses correct sentence structure and grammar	N	S	F	A
Uses logical sequence of ideas to tell a story or relate events	N	S	F	A
Verbalizes in a fluent manner (does not get stuck on choice of words)	N	S	F	A
Uses age appropriate vocabulary	N	S	F	A
Verbal communication is understandable	N	S	F	A

**Social Communication Skills**

Able to carry on a meaningful conversation with adults/peers	N	S	F	A
Begins, maintains and ends conversation appropriately	N	S	F	A
Makes relevant comments on the topic	N	S	F	A
Attends to speaker - maintains appropriate eye-contact	N	S	F	A
Understands humor, idioms and other figurative language	N	S	F	A

Other Possible Contributing Factors (Check if appropriate)

\_\_\_ Social/emotional    \_\_\_ Chronological age    \_\_\_ Health    \_\_\_ Mental age

Comments:

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

### Language Parent Input Form

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_ / \_\_\_\_\_

Language spoken at home/school: \_\_\_\_\_ / \_\_\_\_\_

Please describe your child's strength: \_\_\_\_\_ / \_\_\_\_\_

What concerns do you have for your child's education? \_\_\_\_\_

\_\_\_\_\_

**Does your child have difficulty with the following:**

Please answer by circling N (Never), S (Sometimes), F (Frequently), A (Always)

- Understanding directions or discussions? N S F A
- Understanding written directions or text? N S F A
- Recalling words and information? N S F A
- Understanding and using age-level vocabulary? N S F A
- Understanding and expressing age-level figurative language? N S F A
- Using age-appropriate sentences? N S F A
- Using age-level grammatical skills? N S F A
- Understanding and asking questions? N S F A
- Participating in discussions? N S F A
- Relating information in an organized, sequential manner? N S F A
- Remembering details? N S F A
- Completing homework assignments? N S F A
- Expressing needs and wants? N S F A
- Expressing thoughts and ideas? N S F A
- Expressing feelings or frustrations? N S F A

Does your child appear frustrated by his/her language difficulty? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have difficulty communicating with siblings? \_\_\_\_\_ peers? \_\_\_\_\_ adults? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

How do your child's language difficulties impact him/her? \_\_\_\_\_

\_\_\_\_\_

Comments:

Parent Signature

Date