

## Teacher Questionnaire for Speech-Language Evaluation

Thank you for taking the time to fill this out. On average this form takes 8 minutes to complete.

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Form Completed by: \_\_\_\_\_

### SOCIOLOGICAL AND ACADEMIC HISTORY

How would you describe this student? Check all that apply or provide your own:

Friendly  Active  Shy  Talkative  Focused  Quiet  Other:

What are some of this student's strengths?

What is this student's classroom setting?

- General Education classroom  
 Bilingual classroom  
 Special Education classroom  
 Other:

Does the student have any additional services such as another professional coming into the classroom or going to another classroom?

- Special Education  Math Support  None  
 Speech Therapy  Counseling  Other: \_\_\_\_\_  
 Reading Support  English as a Second  
 Writing Support  Language (ESL)

Has this student repeated a grade? YES \_\_\_\_ NO \_\_\_\_

If YES, which grade? \_\_\_\_

How would you rate attendance? Below Average or Average (circle one)

If attendance is below average, provide any details.

### CULTURAL AND LINGUISTIC BACKGROUND

Does the student speak a language other than English? YES \_\_\_\_ NO \_\_\_\_

If Yes, Which language(s)?

Spanish  Mandarin  Vietnamese  Other: \_\_\_\_\_

**Speaking:** What percentage of the time does the child **speak English**?\*

With Teachers	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100% of the time
With Classmates	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100% of the time
With Other Educators	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100% of the time

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**Listening:** What percentage of the time does the child **hear English**?\*

With Teachers	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100% of the time
With Classmates	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100% of the time
With Other Educators	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100% of the time

\*Other language percentages calculated based on English reported (e.g., 70% English = 30% Spanish)

### PHYSICAL ABILITIES

Does the student exhibit adequate gross motor coordination, such as running, walking, or jumping?

YES \_\_\_\_ NO \_\_\_\_

If no, please describe:

Does the student exhibit adequate fine motor coordination, such as cutting with scissors or writing?

YES \_\_\_\_ NO \_\_\_\_

If no, please describe:

Are there any other medical concerns you are aware of, such as use of medications?

YES \_\_\_\_ NO \_\_\_\_

If yes, please describe:

### INTELLIGENCE AND ADAPTIVE BEHAVIOR

Please rate the student's organizational abilities and ability to complete work? (check appropriate boxes)

Skills	Below Level of Peers	At or Above Peer Level	N/A
Retains instruction from week to week			
Exhibits organization in accomplishing tasks			
Maintains attention to teaching			
Completes work on time			
Completes work consistently			
Begins tasks promptly			

Have any individualized instructional strategies been implemented? YES \_\_\_\_ NO \_\_\_\_

If yes, which?

- |   |   |
|---|---|
| <input type="checkbox"/> Repeated, shortened, or written instruction<br><input type="checkbox"/> Small group instruction<br><input type="checkbox"/> One-to-one instruction<br><input type="checkbox"/> Peer tutoring<br><input type="checkbox"/> Extra time for completion of work | <input type="checkbox"/> Grading on basis of individual growth<br><input type="checkbox"/> Hands on activities<br><input type="checkbox"/> Use of organization strategies<br><input type="checkbox"/> None<br><input type="checkbox"/> Other: _____ |
|---|---|

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### ACADEMIC PERFORMANCE

How would you rate this student's overall academic performance?

Academic Area	Below Grade Level	At or Above Grade Level	N/A
Reading fluency			
Reading comprehension			
Producing written work			
Spelling			
Math skills			

Have any accommodations or modifications been implemented? YES \_\_\_\_ NO \_\_\_\_

If YES, which?

- |  |  |
|--|--|
| <input type="checkbox"/> Break assigned tasks into small steps<br><input type="checkbox"/> Use of alternate materials<br><input type="checkbox"/> Use of calculators<br><input type="checkbox"/> Use of spell checkers | <input type="checkbox"/> Recording of written materials<br><input type="checkbox"/> Oral tests<br><input type="checkbox"/> None<br><input type="checkbox"/> Other: _____ |
|--|--|

Is there anything else you would like to share about this student's academic skills?

### EMOTIONAL/BEHAVIORAL

How would you rate the student's behavior compared to other student's the same age?

Behavior	Below Average Peers	At or Above Average Peers	N/A
Generally cooperates with teacher requests			
Interacts appropriately with peers			
Participates in classroom activities			
Responds appropriately to praise and correction			
Accepts responsibility for own actions			
Receives constructive criticism appropriately			
Adapts to new situations without getting upset			
Has an even, usually happy, disposition			
Is pleased with good work			
Works cooperatively with others			

For any behaviors that you marked as below average, please explain:

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Have any behavioral strategies been implemented? YES \_\_\_\_ NO \_\_\_\_

If YES, which?

- |   |   |
|---|---|
| <input type="checkbox"/> Behavioral Intervention Plan (BIP)<br><input type="checkbox"/> Individual conference with the student<br><input type="checkbox"/> Counseling<br><input type="checkbox"/> Preferential and/or changed seating<br><input type="checkbox"/> Provide opportunities to release energy | <input type="checkbox"/> Reduced distractions (e.g. working outside of class, visual barrier)<br><input type="checkbox"/> Positive reinforcement<br><input type="checkbox"/> Use of behavior contracts<br><input type="checkbox"/> Other: _____ |
|---|---|

Describe how strategies have worked:

### **LANGUAGE COMMUNICATION CONCERNS**

Do you have overall concerns about the way this student communicates? YES \_\_\_\_ NO \_\_\_\_

If yes, what are your concerns? (check all that apply)

My student:

- Is difficult to understand when he speaks
- Does not put words together appropriately like others the same age
- Has difficulty understanding others
- Repeats sounds, words, or phrases (stuttering)
- Other or please explain what you are seeing in the classroom:

### **SPEECH CONCERNS**

Do you have any concerns about being able to understand the student or the way the student produces sounds?

YES \_\_\_\_ NO \_\_\_\_

If YES, please rate how this student's communication compares to peers with similar backgrounds and language histories:

How the Student Speaks	Below Peer Abilities	At or Above Peer Abilities	N/A
Is understandable when speaking			
Pronounces sounds correctly			
Clarifies a spoken message when listener does not understand			

Is there anything else you would like to add about how understandable this student is or the sounds he or she uses?

YES \_\_\_\_ NO \_\_\_\_

If YES, please explain:

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### **RECEPTIVE LANGUAGE CONCERNS**

Do you have any concerns about how this student understands, follows directions, or answers questions?

YES \_\_\_\_ NO \_\_\_\_

If YES, please rate how this student's communication compares to peers with similar backgrounds and language histories:

How the Student Understands	Below Peer Abilities	At or Above Peer Abilities	N/A
Comprehends word meanings			
Follows oral instructions			
Comprehends classroom discussion			
Answers questions successfully			

Is there anything else you would like to add about how this student understands others or follows instructions? YES \_\_\_\_ NO \_\_\_\_

If YES, please explain:

### **EXPRESSIVE LANGUAGE CONCERNS**

Do you have any concerns about how effectively this student communicates, including vocabulary development, word use and sentence use?

YES \_\_\_\_ NO \_\_\_\_

If YES, please rate how this student's communication compares to peers with similar backgrounds and language histories:

How the Student Uses Language	Below Peer Abilities	At or Above Peer Abilities	N/A
Uses phrases or sentences of appropriate length for age			
Displays adequate vocabulary			
Uses adequate grammar for general understanding such as tense and plurals			
Communicates in a clear, unconfusing way			
Includes important events when retelling a story			
Relates a sequence of events in order when telling a story			

Is there anything else you would like to add about this student's use of language?

YES \_\_\_\_ NO \_\_\_\_

If YES, please explain:

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### **PRAGMATIC LANGUAGE CONCERNS**

Do you have any concerns about how the student interacts with others?

YES \_\_\_\_ NO \_\_\_\_

If YES, please rate how this student's communication compares to peers with similar backgrounds and language histories:

How the Student Interacts with Others	Below Peer Abilities	At or Above Peer Abilities	N/A
Greets others appropriately			
Actively participates in classroom discussion			
Responds when spoken to or called upon			
Makes and keeps friends at school			
Use verbal and nonverbal communication in effective ways			
Comprehends facial expressions and body language			
Can stay on topic when talking			
Is willing to have discussions on unfamiliar topics			
Knows the difference between fact and fiction, real and make-believe			

Is there anything else you would like to add about the student's socialization and ability to interact with others?

YES \_\_\_\_ NO \_\_\_\_ If YES, please explain:

### **STUTTERING LANGUAGE CONCERNS**

Do you have any concerns about stuttering, this student getting stuck on words, or using highly repetitive speech? YES \_\_\_\_ NO \_\_\_\_

If YES, please rate how this student's communication compares to peers with similar backgrounds and language histories:

Fluency and Stuttering	Frequently	Infrequently	Not observed
Uses an inappropriate number of interjections such as "um" or "uh"			
Repeats sounds several times frequently (the du-du-duck)			
Repeats words several times frequently (the the the duck)			
Repeats phrases several times frequently (the duck the duck)			
Abandons what is being said because of difficulty speaking without stuttering			
Has facial grimacing when trying to speak like eye blinking or tension in the face or neck			
Has an inability to speak at times because speech seems "blocked"			

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Is there anything else you would like to add about the student's fluency of speech or stuttering?

YES \_\_\_\_ NO \_\_\_\_

If YES, please explain:

### **VOICE LANGUAGE CONCERNS**

Do you have any concerns about the quality of this student's voice?

YES \_\_\_\_ NO \_\_\_\_

If YES, please rate how this student's communication compares to peers with similar backgrounds and language histories:

Quality of Voice	Frequently	Infrequently	Not observed
Hoarse voice			
Very breathy voice			
Difficulty maintaining clear and consistent sound and volume			

Is there anything else about the student's voice that you would like to add? YES \_\_\_\_ NO \_\_\_\_

If YES, please explain:

Thank you! Is there anything additional you would like to add?

[Optional] Please attach any images, examples of work, or documents that help paint a picture of how this student is performing in the classroom.