

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
<input type="checkbox"/> Small group instruction
<input type="checkbox"/> One-to-one instruction
<input type="checkbox"/> Peer tutoring
<input type="checkbox"/> Extra time for completion of work | <input type="checkbox"/> Grading on basis of individual growth
<input type="checkbox"/> Hands on activities
<input type="checkbox"/> Use of organization strategies
<input type="checkbox"/> None
<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
<input type="checkbox"/> Use of alternate materials
<input type="checkbox"/> Use of calculators
<input type="checkbox"/> Use of spell checkers | <input type="checkbox"/> Recording of written materials
<input type="checkbox"/> Oral tests
<input type="checkbox"/> None
<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)
<input type="checkbox"/> Individual conference with the student
<input type="checkbox"/> Counseling
<input type="checkbox"/> Preferential and/or changed seating
<input type="checkbox"/> Provide opportunities to release energy | <input type="checkbox"/> Reduced distractions (e.g. working outside of class, visual barrier)
<input type="checkbox"/> Positive reinforcement
<input type="checkbox"/> Use of behavior contracts
<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:

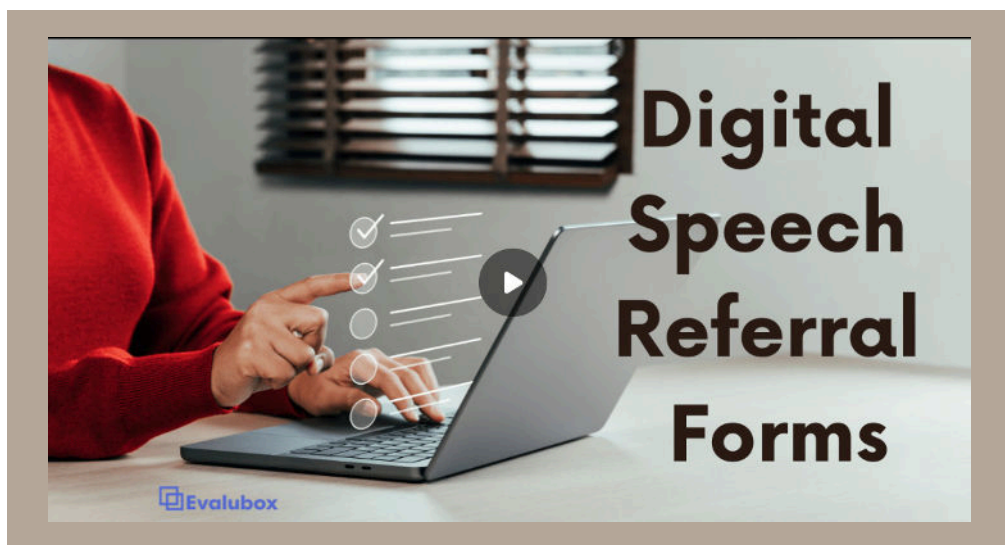
Thank you! Is there anything additional you would like to add?

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

Enjoy these forms but we want to give you an update:

Our parent, teacher, and nurse forms have been digitized to be sent at the click of a button. And it gets better, the parent forms can be automatically translated into 16 languages.

Watch this 1 minute video.



www.evalubox.com/speech-referral-form/