

## SLI CHECKLIST: PRESCHOOL A3

To be completed by Preschool teacher or Day Care Provider

**CHILD:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**PERSON COMPLETING FORM:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### 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 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 fully to 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 typical?  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?  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

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

Adapted from Mt. Brook form - **SPEECH AND LANGUAGE OBSERVATIONS IN AN EDUCATIONAL ENVIRONMENT**

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