## A. CHILD DATA

Child’s Name: ___________________________ Primary Language: ___________________________

Assessed in Primary Language: □ Yes □ No Name of Assessor: ___________________________

Site: ___________________________ □ AM □ PM Program: □ HS □ SP □ CC □ Wrap □ HB Teacher: ___________________________

## B. SUPPLEMENTAL LANGUAGE ASSESSMENT

<table>
<thead>
<tr>
<th>Page</th>
<th>Circle the skill for each correct response. Obtain a language sample and make notes as appropriate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>C33</td>
<td>Responds to Picture:</td>
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<tr>
<td></td>
<td>1. Names objects.</td>
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<tr>
<td></td>
<td>2. Uses phrases.</td>
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<td></td>
<td>3. Uses complete sentences.</td>
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<td></td>
<td>4. Tells what is happening.</td>
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<td>5. Anticipates events.</td>
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</tbody>
</table>

## C. LANGUAGE SAMPLE

(Record child’s spontaneous and elicited remarks as he/she responds to the picture.)

## D. SPEECH - Overall, child’s speech was:

- [ ] Easy to understand
- [ ] Difficult to understand
- [ ] Verbal communication appeared to be: ___ limited, ___ inhibited

- [ ] Difficulty with articulation was indicated by: ___ omission of sounds, ___ distortion of sounds

- [ ] Voice was unusual: ___ hoarse, ___ raspy, ___ low-pitched, ___ high-pitched, ___ too loud, ___ too soft

## E. LANGUAGE SKILLS:

- [ ] Appears to have difficulty comprehending language
- [ ] Appears to have difficulty expressing language

- [ ] Child is an English Language Learner and teacher has no concerns at this time.

## F. SUMMARY AND RECOMMENDATIONS:

- [ ] Passed
- [ ] Re-screen within 45 days: _____ /_____ /_____
- [ ] Refer: Send the pink copy of this form, along with a completed “Request for Speech & Language Screening” form, to the school-site speech teacher (LSHS).

Teacher Comments: _____________________________________________________________

________________________________________

Distribution: White – Child’s Classroom File Yellow – Resource Teacher Pink – If referring: Send to school-site LSHS along with completed “Request for Speech & Language Screening” form.