



Observations of a Student to Accompany a Referral to a Speech Pathologist



Student's Name: _____

Date of Birth: ___ / ___ / ___

Current Age: _____ years _____ months

School Year: _____

School: _____

Class Teacher: _____

School's Address: _____

School's Tel: _____

| Receptive Language (Understanding or Comprehension) | | ✓ Appropriate Box | |
|---|--|--|---|
| Is the student able to follow classroom instructions? | <input type="checkbox"/> Yes, with limited support required <input type="checkbox"/> Yes, but simple instructions only <input type="checkbox"/> Yes, but needs repetition of the instruction <input type="checkbox"/> Yes, but needs continued prompting of the instruction <input type="checkbox"/> Rarely, without significant adult support | | |
| How does the student now follow classroom discussions? | <input type="checkbox"/> Below peer level | <input type="checkbox"/> Same as peers | <input type="checkbox"/> Above peer level |
| How does the student answer questions? | <input type="checkbox"/> Below peer level | <input type="checkbox"/> Same as peers | <input type="checkbox"/> Above peer level |
| Is the student understanding concepts covered in the classroom? | <input type="checkbox"/> Below peer level | <input type="checkbox"/> Same as peers | <input type="checkbox"/> Above peer level |
| Expressive Language (Oral Language) | | | |
| What is the student's length of spoken sentences? | <input type="checkbox"/> Below peer level | <input type="checkbox"/> Same as peers | <input type="checkbox"/> Above peer level |
| Does the student use incorrect grammar? | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Does the student have difficulty remembering the names or thinking of the "right" word? | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| How does the student's retelling of a story, an event or news compare to their peers? | <input type="checkbox"/> Below peer level | <input type="checkbox"/> Same as peers | <input type="checkbox"/> Above peer level |
| How does the student's written work compare? | <input type="checkbox"/> Below peer level | <input type="checkbox"/> Same as peers | <input type="checkbox"/> Above peer level |
| Attention | | | |
| How does the student's attention compare to their peers? | <input type="checkbox"/> Below peer level | <input type="checkbox"/> Same as peers | <input type="checkbox"/> Above peer level |
| Does the student complete their work within the allocated time frame? | <input type="checkbox"/> Typically yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Literacy Skills | | | |
| How does the student's literacy skills compare to their peers? | <input type="checkbox"/> Below peer level | <input type="checkbox"/> Same as peers | <input type="checkbox"/> Above peer level |
| Is the student experiencing any difficulty at the level of: | <input type="checkbox"/> Rhyme <input type="checkbox"/> Syllables <input type="checkbox"/> Initial sounds awareness <input type="checkbox"/> Segmentation <input type="checkbox"/> Blending <input type="checkbox"/> Spelling <input type="checkbox"/> Phonics <input type="checkbox"/> Decoding <input type="checkbox"/> Comprehension <input type="checkbox"/> Generating sentences for writing | | |

| Literacy Skills | | | |
|---|---|--|---|
| How does the student's spelling skills compare? | <input type="checkbox"/> Below peer level | <input type="checkbox"/> Same as peers | <input type="checkbox"/> Above peer level |
| How does the student's reading skills compare? | <input type="checkbox"/> Below peer level | <input type="checkbox"/> Same as peers | <input type="checkbox"/> Above peer level |
| How does the student's writing skills compare? | <input type="checkbox"/> Below peer level | <input type="checkbox"/> Same as peers | <input type="checkbox"/> Above peer level |
| Speech | | | |
| Does the student have articulation errors? | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes |
| Can the student clearly convey their message so they can be understood? | <input type="checkbox"/> Below peer level | <input type="checkbox"/> Same as peers | <input type="checkbox"/> Above peer level |
| Social Language and Play Skills | | | |
| Is the student able to establish relationships and play with their peers? | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Yes |
| Are the student's conversation skills poorer than his/her peers? | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |

Additional Comments/Information (Outline any specific concerns/observations)

Form Completed by: _____ Date: __ / __ / __

Note, PLD does not operate a clinic. This form is designed to be completed by the teacher and to be provided to a speech pathologist as an indication of the student's performance within the classroom setting.

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