



Speech-Language Screening Checklist

Student _____ Date _____ Completed by _____

Teacher: Please check the boxes that describe the student, based on age expectations. Comparison with peers.

1. Does the student have difficulty expressing thoughts/idea? Yes No

If yes, please check all that apply below.

- Talks in short, choppy sentences
- Has trouble using complete sentences when talking
- Uses poor grammar
- Has difficulty "finding" words
- Has trouble answering questions
- Has trouble asking questions
- Has difficulty ordering a sequence of events or telling and/or retelling a story
- Has trouble having a conversation
- Has trouble staying on topic
- Has difficulty participating in group activities and/or discussions

2. Does the student have difficulty understanding language? Yes No

If yes, please check all that apply below.

- Has trouble understanding what people are saying
- Demonstrates a delay in responding and look to see what peers are doing
- Has difficulty following multi-part spoken directions

3. Does the student have speech differences? Yes No

If yes, please check all that apply below.

- Produces speech sounds in error, circle sounds have difficulty
p/b m/n t/d f/v k/g s/z r l sh ch th
- Has speech that is difficult to understand
- Stutters (dysfluency)
- Student's voice sounds Hoarse Nasal Other _____

Comments/other information (use back as needed)

Response to Intervention Screen Manager and/or Educational Speech-Language Pathologist complete below:

- There are no speech-language concerns at this time.

Have you contacted the parent regarding this concern? Yes No

Give a specific example of primary concern:

How does concern affect education:

