

## Parent Language Input

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Completed By \_\_\_\_\_ Date of Completion \_\_\_\_\_

### Family History

Please list household members \_\_\_\_\_

Languages spoken in the home ☐ English ☐ Other (please specify) \_\_\_\_\_

If other:

Does your child speak the language ☐ Yes ☐ No

Does your child understand the language ☐ Yes ☐ No

Which language does your child prefer to speak at home? \_\_\_\_\_

Is there a family history of speech and language concern? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

### Birth History

Was your child born premature? ☐ Yes ☐ No

If yes, How many weeks? \_\_\_\_\_

Were there complications during the pregnancy? ☐ Yes ☐ No

If yes, Please explain \_\_\_\_\_

Did your child have any difficulty with feeding? ☐ Yes ☐ No

Does your child have a history of ear infections? ☐ Yes ☐ No

Has your child had any significant illnesses, injuries, or hospitalizations? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

### Developmental Milestones

Indicate whether the following developmental milestones were achieved on time or at a delay

Babbling (4-6 months) <input type="checkbox"/> Yes <input type="checkbox"/> No	Uses two words (12-24 months) <input type="checkbox"/> Yes <input type="checkbox"/> No
Uses 1-2 words (7-12 months) <input type="checkbox"/> Yes <input type="checkbox"/> No	Follows simple commands (12-24 months) <input type="checkbox"/> Yes <input type="checkbox"/> No

## Parent Language Input

### RATING SCALE

**Never-** my child never exhibits this skill

**Rarely-** my child rarely displays this skill but may demonstrate it on infrequent occasions

**Sometimes-** my child sometimes displays this skill in different situations

**Often-** my child often displays this skill on a few occasions and with a few other people

**Consistently-** my child consistently displays this skill in many settings and with a variety of people.

	Never	Rarely	Sometimes	Often	Consistently
Does your child understand oral directions?					
Does your child respond to questions appropriately?					
Is your child able to recall words or information?					
Does your child use age appropriate vocabulary?					
Does your child use age appropriate grammar?					
Does your child have conversations with others?					
Does your child ask questions for clarification when needed?					
Is your child able to talk about and explain events from the past?					
Does your child listen and understand directions?					
Does your child complete his or her homework assignments?					
Does your child express his or her wants or needs?					
Does your child express his or her feelings and emotions?					
Does your child appear frustrated by his or her language difficulties?					
Does your child take turns talking in conversations?					
Does your child have difficulty communicating with family members?					
Does your child have difficulty communicating with peers?					

## Parent Language Input

Is there anything you would like to add about your student's communication skills? \_\_\_\_\_

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Has your child ever received support for their speech and language? If yes, please explain.

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What are some of your child's interests? \_\_\_\_\_

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What are some of your concerns you have for your child? \_\_\_\_\_

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Do you have any additional information you would like to provide? \_\_\_\_\_

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Do you have any additional concerns related to your child's education?

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\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Teacher Language Input

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Completed By \_\_\_\_\_ Date of Completion \_\_\_\_\_

## RATING SCALE

**Never-** the student never exhibits this skill

**Rarely-** the student rarely displays this skill but may demonstrate it on infrequent occasions

**Sometimes-** the student sometimes displays this skill in different situations

**Often-** the student often displays this skill on a few occasions and with a few other people

**Consistently-** the student consistently displays this skill in many settings and with a variety of people.

	Never	Rarely	Sometimes	Often	Consistently
Is your student able to understand classroom directions?					
Does your student follow lectures or discussions?					
Does your student understand written directions?					
Does your student use age appropriate vocabulary?					
Does your student use age appropriate grammar?					
Does your student have conversations with others?					
Does your student ask questions for clarification when needed?					
Is your student able to talk about and explain events from the past?					
Does your student listen and understand short stories?					
Does your student complete her homework assignments?					
Does your student express his or her wants or needs in class?					
Does your student express his or her feelings and emotions?					
Does your student remember details in discussions?					
Does your student take turns talking in conversations?					
Does your student have behavior difficulties in class?					
Does your student have difficulty communicating with peers?					

## Teacher Language Input

Is there anything you would like to add about your student's communication skills? \_\_\_\_\_

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Are there any accommodations you have already tried in your classroom for this student? If yes, please explain. \_\_\_\_\_

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Please discuss your student's academic progress? \_\_\_\_\_

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Do you have any additional concerns you would like to discuss? \_\_\_\_\_

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\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

