

Parent Checklist: Speech-Language (School Age)

Student: _____ **Date of Birth:** _____

Person completing this form: _____ **Date:** _____

Your input will help us understand your child’s speech and language skills. Please check the following comparing your child with other children his/her age. Thank you.

My child...	Yes	Sometimes	No
interrupts politely			
starts conversations appropriately and takes turns in a conversation			
stays on the topic and changes topics appropriately			
asks for help/clarification appropriately			
uses correct grammar			
uses complete sentences			
tells what happened in the recent past			
uses words to reject or deny information			
uses words to negotiate			
uses words to express feelings			
tells a story in sequence			
has a similar vocabulary to children his/her age			
is understood by family members and familiar adults			
is understood by unfamiliar adults			
can follow 2-3 step directions			
knows when a listener does not understand his/her message			
can reword information/questions if not understood by listener			
understands and remembers school vocabulary			
participates in conversations with friends			
understands figures of speech (for example “butterflies in my stomach”)			
is a good listener			
has trouble thinking of the right word to say			
has trouble saying what he/she is thinking and getting to the point			
has trouble making speech sounds; list:			

Rate your concern for the child’s communication skills. None 1 2 3 A lot

Do the child’s communication skills influence his/her adult and peer relationships or participation in activities? Yes No If YES, explain:

Please share information you think would be helpful on the back of this form.

Please return to: _____ **by:** _____