## Appendix C: Teacher/Parent Interview – Preschool

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| School District: Enter District Name Date: Click to select a date |
| Student’s Name: First Name Middle Initial. Last Name |
| **Student’s Date of Birth:** *Select Date of Birth* **Grade:** *Enter Grade in School* |
| **School:** *Enter School Name* **Respondent’s Name:** *Enter Respondent’s Name* |
| **Student’s Primary Language:** *Enter Primary Language* **SLP’s Name:** *Enter SLP’s Name* |

**Place a check in the appropriate column to rate student performance and return this form to the Speech-Language Pathologist.**

| **As compared to peers in the same setting** | | **Always** | **Often** | **Sometimes** | **Rarely** | **Never** |
| --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **1.** | **Does this student eat, chew, swallow, etc. without drooling or choking?** |  |  |  |  |  |
| **2.** | **Is this student in good health (e.g., does not have frequent colds, ear infections, or congestion)?** |  |  |  |  |  |
| **3.** | **Does this student follow verbal directions?** |  |  |  |  |  |
| **4.** | **Does this student listen to stories?** |  |  |  |  |  |
| **5.** | **Does this student seem to understand what is said or read to him/her?** |  |  |  |  |  |
| **6.** | **Does this student seem to remember what is said or read to him/her?** |  |  |  |  |  |
| **7.** | **Does this student know his/her first and last name?** |  |  |  |  |  |
| **8.** | **Can this student identify common body parts and some objects (e.g., touch your nose)?** |  |  |  |  |  |
| **9.** | **Does this student look at books?** |  |  |  |  |  |
| **10.** | **Does this student appear to learn new words every week?** |  |  |  |  |  |
| **11.** | **Does this student participate in pretend play or imitate adult activities (e.g., cooking, mowing, etc.)?** |  |  |  |  |  |
| **12.** | **Does this student appear to enjoy talking?** |  |  |  |  |  |
| **13.** | **Does this student’s speech include the use of many different speech sounds?** |  |  |  |  |  |
| **14.** | **Does this student use words to communicate?** |  |  |  |  |  |
| **15.** | **Does this student use words with more than one syllable (e.g., jacket, apples, banana, etc.)?** |  |  |  |  |  |
| **16.** | **Does this student communicate with other students?** |  |  |  |  |  |
| **17.** | **Can this student name common body parts and some objects?** |  |  |  |  |  |
| **18.** | **Can this student answer questions?** |  |  |  |  |  |
| **19.** | **Does this student seem to use longer sentences every month?** |  |  |  |  |  |
| **20.** | **Does this student use sentences appropriate for his/her age?** |  |  |  |  |  |
| **21.** | **Does this student ask for things without pointing or using gestures?** |  |  |  |  |  |
| **22.** | **Does this student ask simple questions?** |  |  |  |  |  |
| **23.** | **Does this student answer simple questions?** |  |  |  |  |  |
| **24.** | **Does this student take turns when talking?** |  |  |  |  |  |
| **25.** | **Does this student play beside another child (parallel play)?** |  |  |  |  |  |
| **26.** | **Does this student play by himself/herself (independent play)?** |  |  |  |  |  |
| **27.** | **Does this student speak clearly?** |  |  |  |  |  |
| **28.** | **Is this student understood by his/her family?** |  |  |  |  |  |
| **29.** | **Is this student understood by people outside of the family?** |  |  |  |  |  |
| **30.** | **Can this student imitate new sounds and words?** |  |  |  |  |  |
| **31.** | **Is this student typically understood if asked to repeat a word a second time?** |  |  |  |  |  |
| **32.** | **Will this student repeat a word or phrase when not understood, without getting upset?** |  |  |  |  |  |
| **33.** | **Does this student have a clear voice?** |  |  |  |  |  |
| **34.** | **Does this student use a voice that is the same volume as peers?** |  |  |  |  |  |
| **35.** | **Does this student talk smoothly without repeating sounds/words?** |  |  |  |  |  |
| **36.** | **Are this student’s language-speech skills steadily improving?** |  |  |  |  |  |

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| --- | --- | --- | --- |
| **In your opinion, does this student participate appropriately and show progress in developmentally appropriate activities as compared to peers in the same setting?**  *Select YES or NO* | | | |
| **Please describe any other observations/concerns related to the communication skills of this student:**  *Click to enter additional information here* | | | |
| **Respondent’s Signature:** | | | |
| **Title:** |  | **Date:** |  |