## Appendix AB: Language Enrichment Teacher Checklist

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| **District Name:** *Enter District Name* **Date:** *Select date* |
| **Student’s Name:** *First Name* *Middle Initial*. *Last Name* |
| **Student’s DOB:** *Select Date of Birth* **Grade:** *Enter Student’s Grade in School* |
| **School:** *Enter School Name* **Communication Assessment:** *Click to Enter Text* |

1. **Student is referred to SLP for Language Deficit(s).**
2. **SLP conducts screening of student using (check all that apply).**
3. observation(s)

*Click to Enter Notes on Observation*

1. a review of records, data and other information specific to the student

*Click to Enter Notes on Review*

1. administration of a published and/or non-published screener(s)

Specify screener: *Click to Enter Text*

Results of screening: *Click to Enter Text*

1. other screening methods such as non-word repetition tasks, rapid word recalls tasks, checklist(s), etc.

Specify screening method: *Click to Enter Text*

Results of screening: *Click to Enter Text*

1. **SLP determines area of weakness to target for dynamic assessment (DA).**
2. Method of determination (CBA, screener, etc.): *Click to Enter Text*
3. Skill(s) targeted with 80% mastery: *Click to Enter Text*
4. Duration of DA (not to exceed 4 weeks):

Begin Date: *Click to Select Date* End Date: *Click to Select Date*

1. Frequency/intensity of DA:

*Click to Enter Text* minutes/ *Click to Enter Text*

1. **Results of language intervention (check one).**
2. Target met (> 80%); intervention no longer required.
3. Progress made (60-79%); continued support needed.
4. Continue support at current intensity/frequency.
5. Continue support with (frequency/intensity):
6. Minimal or no progress made (less than 60%), refer to MET.
7. **Results of DA included in Language-Speech Report for MET**