## 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:** |  |