

Bath County School District

(District Name)

**Teacher/Parent Interview: Preschool**

Date: \_\_\_\_\_

Student's Full Name:		SSID:	
Date of Birth:		Grade:	
School:		Respondent:	
Primary Language:		SLP:	

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		Sometimes		Never	
		1	2	3	4	5	
1.	Does this student eat, chew, swallow, and suck 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?						
6.	Does this student seem to remember what is said?						
7.	Does this student know his/her first and last names?						
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 (i.e., cooking, mowing lawn)?						
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 (i.e., jacket, apple, banana)?						
16.	Does this student communicate with other children?						
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?						



Student's Full Name:		SSID:	
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As compared to peers in the same setting:		Always					Sometimes					Never				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
25.	Does this student play beside another child (parallel play)?															
26.	Does this student play by him/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.	Do this student's speech/language skills seem to be steadily improving?															

**In your opinion, does this student participate appropriately and show progress in developmentally appropriate activities as compared to peers in the same setting?**     yes   

**Please describe any other observations/concerns related to the communication skills of this student:**

  
  
  
  

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Respondent's Signature			
Title		Date	