Teacher Input for Language Skills
Preschool Level

Child: _____   **Date:** _____

Teacher Name: _____   **Program:** _____

All items should be checked based on age expectancy levels for this child. Return this form to:
_____ as soon as possible. Thank you.

Receptive Language Skills:	YES	NO
Does the child understand the function of familiar objects?	☐	☐
Does the child recall information presented verbally (e.g. stories)	☐	☐
Does the child recognize basic vocabulary used in the classroom?	☐	☐
Does the child folow directions?	☐	☐
If yes, which level: ☐ one step ☐ two step ☐ three step		
Does the child recognize basic colors?	☐	☐
Does the child recognize basic quantity concepts (number, comparisons)?	☐	☐
Does the child understand sequence/time concpets?	☐	☐
Does the child recognize basic shapes when named?	☐	☐
Does the child understand descriptive (qualitative) terms?	☐	☐
Does the child hear or use rhyme?	☐	☐

Expressive Language Skills:

	YES	NO
Does the child answer questions:		
Yes or no	☐	☐
Who, what, where, when	☐	☐
Does the child make requests or express needs?	☐	☐
Does the child use appropriate sentence length for their age?	☐	☐
If not: Typically uses single words	☐	☐
Typically uses 2-3 words	☐	☐
Typically uses 4-5 words	☐	☐
Does the child use a variety of vocabulary including nouns, verbs, adjectives, prepositions, pronouns, or adverbs?	☐	☐
Does the child use correct word forms in sentences, plurals, possessive nouns, pronouns, past tense or -ing verbs, comparisons (-er, est)?	☐	☐

Social Language Skills:

	YES	NO
Does the child greet people appropriately?	☐	☐
Does the child respond to the topic appropriately?	☐	☐
Does the child stay on topic and demonstrate furn taking in conversation?	☐	☐
Does the child initiate conversations with adults and peers?	☐	☐
Does the child 'get stuck' on a topic or idea?	☐	☐
Does the child repeat back (echo) things you say to them?	☐	☐

The impact of these behaviors on the child's performance in the preschool classroom is:
☐ Mild   ☐ Moderate   ☐ Severe

Teacher Signature: _____   **Date:** _____