

**Matanuska-Susitna Borough School District
Speech-Language Services
School Age Language Eligibility**

Student _____ Date _____

Language Assessment Checklist	Yes	No
1. Test(s) administered and interpreted.		
2. Educational Impact Checklist (Language) completed.		
3. List of grammar, semantic or other errors on ESER.		
4. OPTIONAL: Language Sample completed.		

Summary	Yes	No
1. Delay on 1 eligibility test -Delay indicated by 1.5 SD below the norm, 78SS, 7th%ile on expressive or receptive score, core or composite score.		
2. Delay on 1 other measure (e.g. language sample, second standardized test).		
3. Educational Impact Shown.		
Must be "Yes" for all 3 summary items to qualify for speech/language services.		

Include a copy of protocols with report and file.

Matanuska-Susitna Borough School District
Speech-Language Services
Educational Impact: Language (School Age)

Student _____ Date _____

Reporter _____ Grade _____

1. Is it likely the concern is impacted by a second language or social dialect of the student? Y N
2. Do attention issues impact performance in the classroom? Y N
3. Does the student speak in complete sentences? Y N
4. Does the student's grammar differ significantly from his/her peers? Y N

If yes, please provide examples. _____

5. Does the student express him/herself effectively (organized, sequential thoughts)? Y N
6. Is the student's vocabulary appropriate for his/her age? Y N

If no, please provide examples. _____

7. Is the student able to listen to a story and answer questions? Y N
8. Is the student usually able to follow oral directions without repetitions? Y N
9. Is the student able to problem solve in social situations? Y N
10. Does the student have difficulty remembering the names of familiar items? Y N
11. Is the student able to use language relevant to the situation? Y N

If no, please provide examples _____

12. Is the student able to answer questions appropriately in general conversation? Y N
13. Is the student able to understand abstract language (e.g. idioms, proverbs, humor)? Y N

In my opinion, this student's language difficulties adversely affect educational performance. **Y N**

Please provide examples _____

Reporter's Signature

Date

