



APPENDIX B

LANGUAGE OBSERVATION CHECKLIST

Last Reviewed: June 2025

Language Observation Checklist

This form should be completed by the teacher(s) in collaboration with program staff most familiar with the student.

Student Name: _____ State Student ID: _____
(Last Name, First Name) (Nine Digits)

School: Grade: _____ Grade: _____ Language: _____
(Home language other than English)

Compared to *Standard English-speaking* students of the same age, does the student consistently exhibit any of the following characteristics when listening, speaking, reading, or writing?

| Characteristics | Oral | | Written | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| a. Uses pronouns, genders correctly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Uses tenses correctly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Uses singular & plural forms correctly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Uses prepositions correctly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Understands teacher directions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Uses appropriate sentence structure. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Uses developmentally appropriate vocabulary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|--|------------------|
| READING – PLEASE CHECK ONE: | COMMENTS: |
| <input type="checkbox"/> Non-reader (not reading) | |
| <input type="checkbox"/> Developing reader (reading below grade level) | |
| <input type="checkbox"/> Fluent (at or above grade level) | |
| WRITING – PLEASE CHECK ONE: | COMMENTS: |
| <input type="checkbox"/> Non-writer (not writing) | |
| <input type="checkbox"/> Developing writer (writing below grade level) | |
| <input type="checkbox"/> Fluent (at or above grade level) | |
| ORAL – PLEASE CHECK ONE: | COMMENTS: |
| <input type="checkbox"/> Non-speaker (non-English speaker) | |
| <input type="checkbox"/> Developing speaker (speaks below grade level) | |
| <input type="checkbox"/> Fluent (at or above grade level) | |

Date (Month/Day/Year)

Printed Name

Signature

Position

Date (Month/Day/Year)

Printed Name

Signature

Position

Note: Adapted from Form »OS-08-03SO, March 2C08. Alaska Department of Education 5, Early Development]