



## Teacher Observation Checklist

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

Student Name: \_\_\_\_\_ State Student ID # \_\_\_\_\_  
(Last Name, First Name)

School: \_\_\_\_\_ 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	
a. Uses pronouns, genders correctly.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <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
	Printed Name	Signature	Position

If there are 5 or more "no" answers, then the student is recommended to be screened on the WIDA W-APT language screener.