

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