



Miami-Dade County Public Schools

Observations Related to Speech/Language Skills

Grades K-12

Student Name: _____ Student ID: _____ Date of Birth: _____

Grade: _____ School: _____

ESOL Level/Language: _____ Name of Speech-Language Pathologist: _____

Observation 1	Date:
Location(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Media Center <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Hallway <input type="checkbox"/> Office <input type="checkbox"/> Other	Setting(s): <input type="checkbox"/> Structured Lesson <input type="checkbox"/> Activity <input type="checkbox"/> Play <input type="checkbox"/> Peer Interaction <input type="checkbox"/> Interaction w/Adult <input type="checkbox"/> Other
	Comments
Behavior normative for group/setting	<input type="checkbox"/> yes <input type="checkbox"/> no
Is understood by others	<input type="checkbox"/> yes <input type="checkbox"/> no
Attends to speaker	<input type="checkbox"/> yes <input type="checkbox"/> no
Follows simple directions	<input type="checkbox"/> yes <input type="checkbox"/> no
Answers questions	<input type="checkbox"/> yes <input type="checkbox"/> no
Asks questions	<input type="checkbox"/> yes <input type="checkbox"/> no
Follows routines	<input type="checkbox"/> yes <input type="checkbox"/> no
Communicates appropriately	<input type="checkbox"/> yes <input type="checkbox"/> no
Is given opportunity to communicate	<input type="checkbox"/> yes <input type="checkbox"/> no

Summary

Observation 2 (if required)	Date:
Location(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Media Center <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Hallway <input type="checkbox"/> Office <input type="checkbox"/> Other	Setting(s): <input type="checkbox"/> Structured Lesson <input type="checkbox"/> Activity <input type="checkbox"/> Play <input type="checkbox"/> Peer Interaction <input type="checkbox"/> Interaction w/Adult <input type="checkbox"/> Other
	Comments
Behavior normative for group/setting	<input type="checkbox"/> yes <input type="checkbox"/> no
Is understood by others	<input type="checkbox"/> yes <input type="checkbox"/> no
Attends to speaker	<input type="checkbox"/> yes <input type="checkbox"/> no
Follows simple directions	<input type="checkbox"/> yes <input type="checkbox"/> no
Answers questions	<input type="checkbox"/> yes <input type="checkbox"/> no
Asks questions	<input type="checkbox"/> yes <input type="checkbox"/> no
Follows routines	<input type="checkbox"/> yes <input type="checkbox"/> no
Communicates appropriately	<input type="checkbox"/> yes <input type="checkbox"/> no
Is given opportunity to communicate	<input type="checkbox"/> yes <input type="checkbox"/> no

Summary

Signature of SLP: _____	
This information was shared/discussed with: _____	Date: _____