** Language Observation Checklist – Part A**

**This form must be completed by English speaking teacher(s) in collaboration with program staff familiar with the student.**

**Student Name:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Alaska 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** | **Oral** | **Written** | **Written** |
| 1. Uses pronouns, genders correctly.
 | [ ] Yes | [ ] No | [ ] Yes | [ ] No |
| 1. Uses tenses correctly.
 | [ ] Yes | [ ] No | [ ] Yes | [ ] No |
| 1. Uses singular & plural forms correctly.
 | [ ] Yes | [ ] No | [ ] Yes | [ ] No |
| 1. Uses prepositions correctly.
 | [ ] Yes | [ ] No | [ ] Yes | [ ] No |
| 1. Understands teacher directions.
 | [ ] Yes | [ ] No | [ ] Yes | [ ] No |
| 1. Uses appropriate sentence structure.
 | [ ] Yes | [ ] No | [ ] Yes | [ ] No |
| 1. Uses developmentally appropriate vocabulary.
 | [ ] Yes | [ ] No | [ ] Yes | [ ] No |

**Reading – Please check one:**

[ ]  Non-Reader (not reading) [ ]  Developing Reader (reading below grade level) [ ]  Fluent (at or above grade level)

Comments:

**Writing – Please check one:**

[ ]  Non-Writer (not writing) [ ]  Developing writer (writing below grade level) [ ]  Fluent (at or above grade level)

Comments:

**Oral – Please check one:**

[ ]  Non-Speaker (non-English speaker) [ ]  Developing speaker (speaks below grade level) [ ]  Fluent (at or above grade level)

Comments:

Printed Name:       Position:

Signature:       Date (Month/Day/Year):

Printed Name:       Position:

Signature:       Date (Month/Day/Year):

** Language Observation Checklist – Part B**

**This form is only required of schools that provide dual language (immersion) or transitional programs
in the student’s home language.**

**Use this form to identify the student’s listening, speaking, reading & writing skills in the home language.**

Form should be completed and signed by one of the following (check one):

[ ]  a. School staff member who is proficient in the student’s home language

[ ]  b. Speaker/Parent of the student’s home language

**Student Name:**        **Alaska Student I.D. #**

**School:**       **Grade:**

**Language (other than English):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Language Characteristics  | Non-English | Mostly Non-English, Some English | Both Equally | Mostly English, Some Non-English | English Only |
| Language used by student  | 4 | 3 | 2 | 1 | 0 |
| Language used by the adults in the home. | 4 | 3 | 2 | 1 | 0 |
| 1. Student prefers to use this language with friends
 | 4 | 3 | 2 | 1 | 0 |
| 1. Student follows simple directions in this language
 | 4 | 3 | 2 | 1 | 0 |
| 1. Student understands most things in this language
 | 4 | 3 | 2 | 1 | 0 |
| 1. Student speaks in this language
 | 4 | 3 | 2 | 1 | 0 |
| 1. Student prefers to use this language in classroom activities
 | 4 | 3 | 2 | 1 | 0 |

4. Reading in the home language. Please check one:

 [ ]  Non-Reader [ ] Developing Reader [ ]  Fluent Reader

5. Writing in the home language. Please check one:

[ ]  Non-Writer [ ]  Developing Writer [ ]  Fluent Writer

Signature of Interviewer:

Printed Name of Interviewer:       Date: