** 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: