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| EED Logo - HiRes | **Language Observation Checklist****Part A** |
| This form must be completed by English speaking teacher(s) in collaboration withprogram 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** | **Written** |
|  | Yes | No | Yes | No |
| 1. Uses pronouns, genders correctly
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Uses tenses correctly
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Uses singular & plural forms correctly
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Uses prepositions correctly
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Understands teacher directions
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Uses appropriate sentence structure.
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Uses developmentally appropriate vocabulary.
 | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |
| --- | --- |
| **Reading – Please check one:** | **Comments:** |
| [ ]  Non-reader (not reading) |  |  |  |
| [ ]  Developing reader (reading below grade level) |  |  |  |
| [ ]  Fluent (at or above grade level) |  |  |  |
| **Writing – Please check one:** | **Comments:** |
| [ ]  Non-writer (not writing) |  |  |  |
| [ ]  Developing writer (writing below grade level) |  |  |  |
| [ ]  Fluent (at or above grade level) |  |  |  |
| **Oral – Please check one:** | **Comments:** |
| [ ]  Non-speaker (non-English speaker) |  |  |  |
| [ ]  Developing speaker (speaks below grade level) |  |  |  |
| [ ]  Fluent (at or above grade level) |  |  |  |

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|  |  |  |  |  |  |  |
| Date (Month/Day/Year) |  | Printed Name |  | Signature |  | Position |
|  |  |  |  |  |  |  |
|  |  | Printed Name |  | Signature |  | Position |

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| EED Logo - HiRes | **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.**

**This 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

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| --- | --- | --- | --- |
|  |  |  |  |
| **Student Name:** |  | **Alaska Student ID #:** |  |
|  | (Last Name, First Name) |  |  |
| **School:** |  | **Grade:** |  | **Language:** |  |
|  |  |  |  |  | (home language other than English) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | **Non-English** | **Mostly Non-English, Some English** | **Both Equally** | **Mostly English, Some Non-English** | **English Only** |
| 1. Language used by student
 | 4 | 3 | 2 | 1 | 0 |
| 1. Language used by the adults in the home.
 | 4 | 3 | 2 | 1 | 0 |
| 1. Circle the numbers to show how the language is used by the student.
 |
| * 1. Prefers to use this language with friends
 | 4 | 3 | 2 | 1 | 0 |
| * 1. Follows simple directions in this language
 | 4 | 3 | 2 | 1 | 0 |
| * 1. Understands most things in this language
 | 4 | 3 | 2 | 1 | 0 |
| * 1. Speaks in this language
 | 4 | 3 | 2 | 1 | 0 |
| * 1. Prefers to use this language in classroom activities
 | 4 | 3 | 2 | 1 | 0 |
| 1. Reading in the home language. Please check one:
 |
| [ ]  Non-reader | [ ]  Developing reader | [ ]  Fluent reader |
|  |  |  |
| 1. Writing in the home language. Please check one:
 |
| [ ]  Non-reader | [ ]  Developing reader | [ ]  Fluent reader |
|  |  |  |

**Interviewer Signature:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature of Interviewer |  | Printed Name of Interviewer |  | Date (Month/Day/Year) |