

Speech Therapy Language Intervention Form

Child's Name: _____ Date: _____

Teacher's Name: _____

Below are suggested intervention steps to be completed by the classroom teacher before referring a student for a Speech/Language Evaluation. Please use at least **two** of these interventions for a **minimum of two weeks**. Please indicate your area(s) of concern and make any comments that you feel will better enable me to assess this child. Return this form to the Speech Therapist upon completion. Thank you.

Please select interventions from the indicated numbers in the area of concern:

Grammar	1,2,3,6,8,9,10,13	Listening Skills	2,3,5,6,7,8,9,12,13,14
Comprehension	4,5,7,8,9,10,11,12,13,14	Vocabulary	3,4,7,8,9,10,11,12,13,14

	Interventions	Date Started	Date Completed	Effective? Yes/No
1	Re-tell story or nursery rhyme using picture prompts, give clues (First...then...)			<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Can the child sequence events of a story or daily experiences?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Can the child follow one, two and three –step directions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Pre-teach vocabulary before literature or unit activities			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Repeat instructions to determine understanding			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Choose 5 sentences from the child's reading book and ask him/her to repeat one sentence at a time after you. Encourage the child to repeat each sentence exactly the way you said it.			<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Use new words with the child. When reading, ask for word meanings. If the child doesn't know it one day, tell him/her the meaning and ask again the next time you practice.			<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Encourage student to ask/answer questions			<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Conference with parent to address specific helps for vocabulary/grammar/social skills			<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Categories: State 3 items in a category What doesn't belong in a category Name the category			<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Repeat automatic sequence e.e., days of the week, seasons of the year, months of the year			<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	After reading a story, ask child 3 age-appropriate comprehension questions.			<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	While reading story, ask child what will happen next in the story.			<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	During small group activity, encourage child to take turns. For example: raise hand, say "take your turn," "wait your turn."			<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Other:			

Please complete reverse side

Intervention Documentation:

After choosing the appropriate interventions for your student, indicate the intervention number and write a short paragraph indicating exactly what was done, how the student responded, and the degree of benefit in helping the student become more successful in your class.

At least **two** interventions must be documented.

Number

Explanation

Number

Explanation

Number

Explanation

Teacher's Signature _____ Date _____