

Office of Special Education
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A Checklist for Language Performance (CLP)

Student: _____
Teacher: _____
Date: _____

Birth Date: _____
Grade: _____

Please check the items that best describe your student.

The student:

Always	Sometimes	Never	
			understands oral directions
			follows simple directions
			follows multi-step directions
			pays attention when someone else is talking
			avoids interrupting
			refocuses his/her attention after an interruption
			pays attention without needing pictures or visual cues
			understands spoken information the first time it's presented
			listens to stories and retells them accurately in his/her own words
			understands and anticipates classroom routines (hanging up jackets, lining up, daily sequence of activities, etc.)
			works well independently
			is easily understood
			uses articles, prepositions, and conjunctions
			uses past, present, and future verb forms
			uses correct pronouns
			uses correct word order in sentences so they are easy to understand
			answers wh-questions
			asks questions
			clearly expresses thoughts and ideas
			stays on topic when talking
			participates appropriately in class discussions
			uses age-appropriate vocabulary in oral communication
			uses sufficient detail to clearly describe an event

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Student: _____

1. Does this student seem to learn primarily through the auditory or the visual channel?

2. Does this student show frustration when talking or avoiding talking in class?

3. What other information might help me better understand your concerns regarding this student?

Thank you for taking time to share this helpful information!!

Please return this form to _____ by _____.
Speech-Language Pathologist Date