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## PRESCHOOL TEACHER OBSERVATIONS

To be completed by main preschool teacher AND returned by Initial Consultation date \_\_\_\_\_ VIA fax, email or parent

CHILD'S NAME:		AGE:	
PRESCHOOL TEACHER:		PHONE CONTACT: (preschool)	
EMAIL:		SPEECH THERAPIST:	

Main areas of concern	✓	COMMENTS:
Speech / Articulation		
Use of Language		
Understanding of Language		
Social Skills		
Behaviour		
Listening		
Attention		

**Directions:** The following statements describe communication problems that some students have. Check the box beneath the appropriate heading (Never, Sometimes, Often, Always) that best describes how often each behavior happens.

Speech/ Articulation /Fluency	This Happens: ✓ Never Sometimes Often Always				
Has trouble pronouncing specific sounds: _____					
Speech is unclear and difficult to understand					
Repeats words and sounds when speaking					
Gets stuck on sounds or words when speaking					

Comments:

NOTE: The skills below will vary depending on the child's age. Please leave BLANK if not expected or NA.

Nonverbal Communication Skills	This Happens: ✓ Never Sometimes Often Always				
<b><i>The child appropriately responds to a familiar person's ...</i></b>					
Smiles, frowns, looks of surprise (or other facial expression)					
Outreached arms to request a hug, pointing to desired objects (or other gestures)					
Angry, happy or sad tone of voice					
<b><i>Child appropriately ...</i></b>					
Uses facial expression and gestures					
<b>Conversational Routines &amp; Skills</b>					

Waves or says hello/goodbye				
Looks at the person to whom she or he is speaking				
Initiates conversation appropriately with family/friends				
Joins in play, games and conversation with familiar persons				
Demonstrates turn-taking & sharing rules within play				
Communicates verbally & nonverbally when playing with others				
Uses appropriate verbal comments "thank you", "excuse me", "sorry"				
Transitions easily between activities				
Maintains attention while other person speaks				
<b>Asking for, Giving and Responding</b>				
Gives and accepts hugs or offers affection				
Asks for help from others				
Stops a behavior when asked (e.g. tapping foot)				
Asks questions if confused				
Asks friends/others for permission to play or leave the room				
Offers help to others				
Tells the details of an experience or story in the order they occurred				
<b>Listening &amp; Speaking</b>				
Listens to instructions with 1-2 parts				
Follows common routines and directions				
Listens to stories for up to 10 minutes in group time				
Uses grammar / sentence length appropriate for their age				
Is able to have a conversation with several turns				
Uses a variety of vocabulary in their sentences				

Additional Comments:

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Please return this to HILLS DISTRICT SPEECH THERAPY via

- Email ([info@hdspeechtherapy.com.au](mailto:info@hdspeechtherapy.com.au))
- PARENT- to bring to Initial Assessment
- Mail - PO Box 347 Castle Hill 1765

THANK YOU! A copy of the assessment results will be sent to you, given parent permission.