



HILLS DISTRICT
Speech Therapy

The Solent Centre, Building
A, Suite 3.03, Level 2, 1 Burbank
Place, Norwest Business Park,
Baulkham Hills, 2153
P: (02) 9899 7853
E: info@hdspeechtherapy.com.au

TEACHER OBSERVATIONS

To be completed by classroom teacher AND returned by
Initial Consultation date _____ VIA email or parent

STUDENT NAME:		YEAR:	
SCHOOL TEACHER		SCHOOL PHONE CONTACT:	
EMAIL:		SPEECH THERAPIST:	

Main areas of concern	✓	ADDITIONAL COMMENTS:
Speech / Articulation		<input type="checkbox"/> Receives additional support in class <input type="checkbox"/> Reading Recovery <input type="checkbox"/> School Counsellor's report available
Use of Language		
Understanding of Language		
Social Skills		
Behaviour	✓	
Listening		
Attention		
Reading		
Spelling		
Written Language		
<p>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.</p>		
Speech/ Articulation /Fluency	This Happens:	<input checked="" type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always
Has trouble pronouncing specific sounds: _____.		
Sounds 'babyish'.		
Is difficult to understand.		
Repeats words and sounds when speaking.		
Gets stuck on sounds or words when speaking		
Literacy		
Has difficulty spelling words phonetically when unsure.		
Has trouble sounding out unfamiliar words when reading.		
Is reading at the expected level.		
Is spelling at the expected level.		
Expected knowledge of sounds for reading and spelling:	Tick applicable ✓	Sounds/spelling patterns currently being taught:
BASIC consonants (e.g. d, f, m)		
BASIC vowels (e.g. a, e, i)		
Consonant digraphs (e.g. ch, sh, wh)		
Alternative spellings for vowels (e.g. ai, ee, ea, oo)		

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.

Listening Comprehension **This Happens:** ✓ Never Sometimes Often Always

Has trouble paying attention.				
Has trouble listening to spoken instructions or what people say.				
Has trouble understanding stories.				
Has trouble understanding new words /concepts.				
Has to ask people to repeat what they have said.				

Speaking

Has trouble expressing ideas.				
Uses short or grammatically incorrect sentences.				
Has trouble holding a conversation with others.				
Has trouble giving a recount or explaining an event.				

NOTE: The below information may NOT be applicable depending on the child’s age. Please leave blank if so.

Reading Comprehension

Has trouble understanding what was read.				
Has trouble explaining what was read or retelling the story.				
Has trouble identifying the main idea.				
Has trouble remembering details.				
Has trouble following written directions.				
Has trouble understanding written maths problems.				

Written Expression

Has trouble writing down thoughts.				
Uses poor grammar when writing.				
Has trouble writing complete sentences.				
Has trouble using correct text structure (e.g. paragraphing).				
Has trouble sequencing ideas.				

Additional Comments:

Please return this to HILLS DISTRICT SPEECH THERAPY via

- email (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.