

**Speaking**

	This Happens:				T	P	S
	Never	Sometimes	Often	Always			
25. Has trouble having a conversation with someone.							
26. Has trouble talking with a group of people.							
27. Has trouble saying something another way when someone doesn't understand.							
28. Gets upset when people don't understand.							

**Note to Teachers of 5-, 6-, and 7-year-olds:** Circle "Not Applicable" for any sentence in the next two sections that describes something the student is not expected to do yet at his or her age or grade level.

**Reading**

	This Happens:				T	P	S
	NA	Never	Sometimes	Often			
29. Has trouble sounding out words when reading.							
30. Has trouble understanding what was read.							
31. Has trouble explaining what was read.							
32. Has trouble identifying the main idea.							
33. Has trouble remembering details.							
34. Has trouble following written directions.							

**Writing**

35. Has trouble writing down thoughts.							
36. Uses poor grammar when writing.							
37. Has trouble writing complete sentences.							
38. Writes short, choppy sentences.							
39. Has trouble expanding an answer or providing details when writing.							
40. Has trouble putting words in the right order when writing sentences.							

**Now choose the problems that concern you the most by circling the numbers preceding the sentences.**

Please list any other problems that you have observed or concerns that you have about the student's listening, speaking, reading, and writing skills and rate them (Never, Sometimes, Often, or Always).

_____	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
_____	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
_____	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
_____	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
_____	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
_____	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always

Please return this form to \_\_\_\_\_ by \_\_\_\_\_ **Thank You!**

**For Clinician Only:** Compile ratings by the Teacher, Parent, and Student for each behavior in the T, P, and S columns.