Speech and Language Therapy Teacher Goal Input

Student Name ___________________________ Teacher ___________________________

To assist with IEP goal planning, please check the expressive and receptive language concept(s) that would most benefit your student academically during the school year.

(Please choose _____ skills or fewer)

___answering “WH” questions          ___auditory memory/recall
___describing/ adjectives             ___defining words
___cause and effect                   ___grammar (verb tense, pronouns, etc.)
___figurative language & idioms       ___compare & contrast
___sequencing                         ___following directions
___analogies                          ___reading comprehension
___inferencing, predicting            ___creating complex sentences
___problem solving/ reasoning         ___categorization/ classification/ sorting
___subject/ verb agreement            ___summarizing/ paraphrasing
___using context clues                 ___if / then statements
___true / false statements            ___phonological awareness
___critical listening skills          ___social language and/or conversational skills
___basic concepts (time, quantity and position concepts)
___Other:_____________________________
___Other:_____________________________
___Other:_____________________________

_________________________  __________________
Teacher’s Signature          Date