

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)

- | | |
|--|--|
| <input type="checkbox"/> answering "WH" questions | <input type="checkbox"/> auditory memory/recall |
| <input type="checkbox"/> describing/ adjectives | <input type="checkbox"/> defining words |
| <input type="checkbox"/> cause and effect | <input type="checkbox"/> grammar (verb tense, pronouns, etc.) |
| <input type="checkbox"/> figurative language & idioms | <input type="checkbox"/> compare & contrast |
| <input type="checkbox"/> sequencing | <input type="checkbox"/> following directions |
| <input type="checkbox"/> analogies | <input type="checkbox"/> reading comprehension |
| <input type="checkbox"/> inferencing, predicting | <input type="checkbox"/> creating complex sentences |
| <input type="checkbox"/> problem solving/ reasoning | <input type="checkbox"/> categorization/ classification/ sorting |
| <input type="checkbox"/> subject/ verb agreement | <input type="checkbox"/> summarizing/ paraphrasing |
| <input type="checkbox"/> using context clues | <input type="checkbox"/> if / then statements |
| <input type="checkbox"/> true / false statements | <input type="checkbox"/> phonological awareness |
| <input type="checkbox"/> critical listening skills | |
| <input type="checkbox"/> social language and/or conversational skills | |
| <input type="checkbox"/> basic concepts (time, quantity and position concepts) | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |

Teacher's Signature

Date