

**CULTURALLY AND LINGUISTICALLY DIVERSE
Bilingual Staff Questionnaire - Articulation**

Student's Name: _____ Birth date/Age: _____ / _____ Date: _____

Staff Member's Name and Title: _____

Dialect variation _____ Primary language spoken in home? _____

Is it difficult to understand this student in his/her primary language?

___ Never ___ Sometimes ___ Always

Is this student hard to understand when speaking his/her primary language?

_____ all of the time _____ in context _____ out of context
_____ most of the time _____ in context _____ out of context
_____ some of the time _____ in context _____ out of context

When speaking in his/her primary language does this student appear to: (Check all that apply.)

_____ Delete sounds when speaking _____ Change sounds when speaking
_____ Distort sounds when speaking
_____ Other inappropriate use (explain) _____

Is this student aware of his/her speech difficulty? ___ Yes ___ No

Does this student appear to be frustrated by his/her speech difficulty?

___ Never ___ Sometimes ___ Always

Does this student seem to avoid speaking in his/her primary language?

___ Never ___ Sometimes ___ Always

Does this student seem to avoid speaking in English?

___ Never ___ Sometimes ___ Always

Have this student's parents expressed concerns regarding his/her articulation skills?

___ Yes ___ No

How do his/her articulation difficulties impact his/her reading, writing, or other academic skills?

How do his/her articulation difficulties impact him/her socially and/or vocationally?

Does the student demonstrate language competencies in their native language?

_____ Yes _____ No Describe: _____

Does the student demonstrate narrative language competencies comparative of their peers?

_____ Yes _____ No Describe: _____

What support services do you provide for the student? _____

What strategies have you found to be useful for developing academic successful for this student?

Can the child pronounce words, so that his or her speech is understood in their primary language? _____ Yes _____ No describe: _____

Does the child initiate verbal interactions with peers _____ Yes _____ No

Describe: _____

Does the child initiate or organize play activities with peers? _____ Yes _____ No

Describe: _____