



Area Special Education Cooperative

1505 Central Ave NW, East Grand Forks, MN 56721
218/773-0315 FAX: 218/773-0924

Native Language Assessment

Name _____ Date _____

School _____ D.O.B. _____ Sex M F Grade _____

Assessor _____ Primary Language _____

Interpreter _____

- I. Native language assessments will be given to LEP students to assist in determining special education needs. The following tasks will be considered a minimum native language assessment:

A. Referral concerns: _____

B. Screening information: _____

C. Observation: _____

D. Parent Interview: _____

- II. Based on the needs discovered from the referral concerns, screening information and parent interview, the following items could be used to assist in determining eligibility:

A. Language:

1. Expressive language sample

a. Structured Photographic Language Test: (30 translated items) _____

_____ /30

b. Spontaneous language sample (translated) _____

2. Translated items from criterion reference inventories and selected items from standardized tests can also be used to further evaluate the student's native language. Be aware of the fact that because of connotative differences in individual language test items do not always translate accurately.

B. Articulation:

1. Imitative articulation test (Hmong, Vietnamese, Spanish) _____

2. Sample of connected speech _____

C. Fluency: severity rating and description _____

D. Voice: rating and description _____

III. SUMMARY

Strengths _____ Needs _____

IV. RECOMMENDATIONS:

Classroom adjustments recommended: _____

Service recommendation: _____

Date reviewed by Child Support: _____ Comments: _____

