

**MACOMB INTERMEDIATE SCHOOL DISTRICT  
SEVERE LANGUAGE IMPAIRMENT CLASSROOM PROGRAM  
LANGUAGE SAMPLE**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Completed By \_\_\_\_\_

**Record the following three tasks on a full size cassette and submit the cassette with the referral.**

1. **Conversation** (Please tape but you do not need to transcribe). Say or have the student his/her name in to the tape (for identification). Have a **brief** conversation with the child about a familiar topic. Record on the tape, but do not transcribe. Include your observations from this portion of the sample in your comments in the language report.

2. **Procedural Task** Identify a task with a series of directions that is familiar to the child such as: a food item that the child knows how to make (pizza, peanut and butter sandwich, etc) or a sport that the child knows how to play.

**Record here your best estimate of what the child said.**

**Then write below the strengths and weaknesses in language demonstrated**

**Strengths**

**Weaknesses:**