**MELD ASSESSMENT COMPLETION CHECKLIST**

District: Teacher:

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| **CHILD MEASURES** |
|  | **Communication Matrix** |  **Literacy Checklist**  |
| Child’s Name | **Pre** | **Mid** | **Post** | **Pre** | **Mid**  | **Post** |
| 1.  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |
| 4.  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6.  |  |  |  |  |  |  |

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| **FIDELITY CHECKLISTS (Shared Reading/Writing/Infusion)** |
|  | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
| Completed by Coach |  |  |  |  |  |  |  |
| Completed by Dist. Liaison |  |  |  |  |  |  |  |

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| **AAC CHECKLIST** |
|  | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
| Completed by Coach |  |  |  |  |  |  |  |

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| **VIDEOS** |
| Dates | Shared Reading | Shared Writing | Infusion 1 | Infusion 2 |
| 1. October 2-6 |  |  |  |  |
| 2. November 13-17 |  |  |  |  |
| 3. Jan 22-26 |  |  |  |  |
| 4. March 12-23 |  |  |  |  |