THE 2 ½ YEAR SPEECH AND LANGUAGE

Please respond to the following items by marking a “+” if your child exhibits the behavior and a “−” if your child does not exhibit the behavior. This information will assist your child’s pediatrician in performing a comprehensive evaluation of his/her language development.

____ 1. Does your child look at the person he/she is talking to?

____ 2. Does your child understand the meaning of “in”, “on”, “under”, “on top of”, “front”, “back”?

____ 3. Is your child using short sentences: “Daddy, go bye-bye”, etc.?

____ 4. Can your child say these sounds correctly at the beginning and end of words: /p/, /b/, /m/, /w/, /h/? (pop, mom, bob, water, house)

____ 5. Does your child join in singing parts of songs or nursery rhymes?

____ 6. Does your child enjoy simple stories read from books?

____ 7. Can adults understand at least 60% of what the child says?

____ 8. Does your child seem to be hearing what is said to him?

____ 9. Does your child answer questions accurately and correctly?

____ 10. Is your child learning politeness words such as “please” and “thank you”?

____ 11. Does your child understand the meaning of size relationship words such as “big” and “little”?

____ 12. Does your child combine words frequently and speak in sentences of two or more words in length?

____ 13. Does your child use both nouns and verbs in his sentences?

____ 14. Does your child say “yes” or “no” correctly when asked a question?

Child’s Name: _______________________________________ Child’s Age: ______

Date of Visit: ______________________________________