THE 3 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 speak in simple 2 to 4 word sentences using nouns and verbs?
____ 2. Does your child use pronouns “I, you, me, we, they”?
____ 3. Does your child use “is + ing”, verb structures: “Mommy is going shopping”?
____ 4. Does your child follow 2-3 step directions, “Pick up the big doll and give it to me’”?
____ 5. Does your child pronounce the /m/, /p/, /b/, /w/, /h/, (yuh) sounds correctly (mom, pop, bob, water, house, yes)?
____ 6. Does your child talk about interests or feelings about the past and future?
____ 7. Is your child beginning to use past tense verbs, such as “I played with my toys”?
____ 8. Does your child ask questions which require a “yes” or “no” answer?
____ 9. Can your child be understood at least 75% of the time by adults?
____10. Does your child’s speech have proper rhythm and inflection?
____11. Does your child use the words “the” and “a” in his/her sentences?
____12. Does your child use the words “he” and “she” correctly?
____13. Does your child refer to himself/herself as “I”?

Child’s name: ____________________________ Child’s age: ____________

Date of visit: ____________________________