4 YEAR SPEECH AND LANGUAGE ASSESSMENT

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 sentences containing approximately 4 to 5 words?

2. Is your child easily understood by adults (at least 80% of the time)?

3. Does your child produce: p, b, m, n, f, w, h, k, g sounds correctly at the beginning of words: (pop, ball, mom, fall, water, house, kitty, go?

4. Are your child’s sentences well constructed (most of the words in proper order)?

5. Does your child use “he” or “she” correctly?

6. Does your child talk about activities at school or at friend’s homes?

7. Does your child talk easily without repeating syllables or words?

8. Does your child say “the” and “a” in his/her sentences?

9. Can your child look at the person he/she is talking to?

10. Does your child answer questions accurately and correctly?

11. Does your child enjoy playing with other children, enjoy social interaction?

12. Does your child recognize the colors: red, blue yellow, green, orange, purple?

Child’s Name: ___________________________________________ Age: ______________

Date of Visit: __________________________________________

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