5 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 5 to 6 words?

____2. Does your child say all sounds correctly with the possible exception of /s/, /l/, /r/, th?

____3. Does your child use his/her imagination to create stories?

____4. Does your child understand time sequence (what happened first, second, third, etc)?

____5. Can your child count to 10 from memory?

____6. Does your child carry on long, involved conversations?

____7. Does your child ask what certain words mean?

____8. Does your child recognize most colors and shapes?

____9. Can your child say his/her name and address?

___10. Does your child understand rhyming words?

Child’s Name:______________________________________________ Age:________________

Date of Visit:______________________________________________