

INITIAL SPEECH AND LANGUAGE CHECKLIST (Up to 7 years old)



Name of Child:

Date of Birth:

Completed By:

Date:

- | | | |
|---|-----|----|
| 1. Is speech intelligible? Is an appropriate range of speech sounds used? | Yes | No |
| 2. Is a wide vocabulary of basic words understood and used? | Yes | No |
| 3. Do they listen attentively to a simple story with or without pictures? | Yes | No |
| 4. Can they re-tell a story or describe a sequence of events? | Yes | No |
| 5. Is simple sentence structure correct, including negatives and questions? | Yes | No |
| 6. Are linking words such as 'and' or 'because' used? | Yes | No |
| 7. Are 'time' words and verb tenses relating to time understood and used? | Yes | No |
| 8. Do they start conversations and take turns in conversation? | Yes | No |
| 9. Do they understand and use appropriate gesture and facial expression? | Yes | No |
| 10. Do they understand emotion words such as happy, sad and angry? | Yes | No |
| 11. Have they ever been seen by a Speech and Language Therapist? | Yes | No |

Complete **ONLY** if there are concerns about the development of speech,
language and/or non-verbal communication.

Review 1

Review 2

Date:

Main Presenting Difficulties in UNDERSTANDING Language and Non-Verbal Communication

1.

2.

3.

4.

5.

Main Presenting Difficulties in USING Speech, Language and Non-Verbal Communication

1.

2.

3.

4.

5.