



Name:	
DOB:	

Has your child had a vision / hearing screening test?

Results:

List the child's communication strengths:

List the child's communication weaknesses:

Please check the child's most frequent method of communication.

<input type="checkbox"/> Oral Speech	<input type="checkbox"/> Communication System	<input type="checkbox"/> Gestures
<input type="checkbox"/> Pictures	<input type="checkbox"/> Signs	<input type="checkbox"/>

Speech and Language Developmental Milestones

Birth to 5 months				
Reacts to loud noises	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Turns head toward source	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Watches your face when you speak	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

6 – 11 months				
Understands "no"	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Babbles (says "ba-ba-ba" or "ma-ma-ma")	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tries to communicate by actions or gestures	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tries to repeat your sounds	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

12 – 17 months				
Follows simple directions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Answers simple questions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Points to objects, pictures, family members	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Says two to three words	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tries to imitate simple words	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No



18 – 23 months				
Follows simple commands	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Enjoys being read to	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Points to simple body parts such as “nose”	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Understands simple verbs such as “eat,” “sleep”	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Says 8 to 10 words (pronunciation may still be unclear)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Asks for common foods by name	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Makes animal sounds such as “moo”	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Starting to combine words such as “more milk”	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Begins to use pronouns such as “mine”	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

2 – 3 years				
Knows about 50 words	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Knows some spatial concepts such as “in,” “on”	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Knows pronouns such as “you,” “me,” “her,” “I,” “you”	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Knows descriptive words such as “big,” “happy”	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Answers simple questions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Speaks in two to three word phrases	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Begins to use plurals such as “shoes” or “socks” and past tense verbs such as “jumped”	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

3 – 4 years				
Groups objects such as foods, clothes, etc.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Identifies colors	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Able to describe the use of objects such as “fork,” “car,” etc.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Uses verbs that end in “ing,” such as “walking,” “talking”	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Answers simple “wh” questions such as “What do you do when you are hungry?”	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Repeats sentences	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

4 – 5 years				
Understands spatial concepts such as “behind,” “next to”	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Understands complex questions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Uses some irregular past tense verbs such as “ran,” “fell”	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Lists items that belong in a category such as animals, vehicles, etc.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Answers “why” questions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No



5 years				
Understands time sequences (what happened first, second, third, etc.)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Carries out a series of three directions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Understands rhyming	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Engages in conversation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Describes actions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Uses imagination to create stories	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

School Aged				
Uses vocabulary similar to same age peers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Gains attention of parents / siblings	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Seeks help or clarification when needed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Initiates interactions with parents	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Initiates interactions with other children	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Responds to greetings and interactions with others	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Starts a conversation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Takes turns in conversation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Asks relevant questions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Converses using complete thoughts	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Relates an event of story in sequence	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Talks about things that are of interest to others	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Understands and uses antonyms and synonyms	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Understands more than one meaning for words e.g.: bat, park, foot	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Distinguishes fiction from non-fiction, including fact and fantasy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Retells messages by summarizing or clarifying	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Uses suitable story structure	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

School Aged – Please check “Yes or No” for Understand each of the following and Uses the following:									
	Understands				Uses				
Facial Expression	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Gestures	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Body Posture	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Proximity or physical disturbance to partner	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Volume or loudness of voice	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Intonation or melody of voice	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Indicators of emotion (e.g. happiness, sadness, anger, fear)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Humor	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Teasing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Sarcasm	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Deception	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

