

## Preschool Speech-Language: Parent & Caregiver Checklist

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Primary Home Language: \_\_\_\_\_ Date: \_\_\_\_\_

Your input will help us understand the child's speech and language skills. Please check each statement with either a 'yes', 'sometimes' or 'no'.

The child...	Yes	Sometimes	No
1. responds to his/her name			
2. rejects things he/she doesn't want / says no			
3. names/labels things in his/her environment			
4. understands more words than he/she uses			
5. responds to his/her name			
6. says fewer than 20 different words			
7. says 50 or more different words			
8. puts two words together (e.g., want juice)			
9. says 3-4 word sentences			
10. asks questions using his/her tone of voice			
11. gets my attention with words			
12. uses pronouns correctly (e.g., I, me, you)			
13. asks for help			
14. follows one-step directions			
15. follows two-step directions			
16. listens to a short picture book			
17. pretends to read books			
18. answers "yes/no" questions			
19. answers "who", "what" and "where" questions			
20. asks "yes/no" questions			
21. asks "who", "what" and "where" questions			

The child...	Yes	Sometimes	No
22. enjoys silly word play or nursery rhymes			
23. is understood by family members			
24. is understood by familiar adults			
25. is understood by unfamiliar adults			
26. has trouble with changes to routines			
27. looks at people when talking or listening			
28. repeats words back instead of answering or responding with his/her own words			
29. shares interests and talks with other children			
30. fixates or "gets stuck" on things			
31. takes turns in a "conversation"			
32. uses pretend play			
33. plays with other children			
34. plays with a variety of toys or objects			
35. is easily frustrated when not understood			

What is most concerning to you about the child's communication?

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What questions would you like answered, or what information would be helpful to you regarding the child's communication?

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Person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Your relationship to the child: \_\_\_\_\_

Once completed, please return this form to: \_\_\_\_\_