

**TODDLER SPEECH/LANGUAGE CHECKLIST**

Name \_\_\_\_\_ Birthdate/Age: \_\_\_\_\_ Speech-Language Pathologist \_\_\_\_\_ Date: \_\_\_\_\_

**Language Comprehension**

- |   |  |
|---|--|
| <input type="checkbox"/> Attends to an activity/object for up to 2 minutes          | <input type="checkbox"/> Understands possession ("Mom's nose," "bears cup")                            |
| <input type="checkbox"/> Follows simple commands when used with gestures            | <input type="checkbox"/> Understands parts of a whole (door of the car)                                |
| <input type="checkbox"/> Comprehension strategies used:                             | <input type="checkbox"/> Understands agent+action+object (make baby kiss bear)                         |
| <input type="checkbox"/> looks at object mom looks at                               | <input type="checkbox"/> Understands concept of "one"  |
| <input type="checkbox"/> imitates ongoing action                                    | <input type="checkbox"/> Understands "big" vs "little"   |
| <input type="checkbox"/> acts on objects at hand                                    | <input type="checkbox"/> Understands spatial concepts (on, off, in back of)                            |
| <input type="checkbox"/> Understands single words for familiar objects (at least 5) | <input type="checkbox"/> Understands pronouns (he, she)  |
| <input type="checkbox"/> Understands single words for pictures (at least 5)         | <input type="checkbox"/> Responds to simple <u>what</u> , <u>what doing</u> and <u>where</u> questions |
| <input type="checkbox"/> Knows names of familiar people (i.e., Where's mama)        | <input type="checkbox"/> Understands early attributes (dirty, broken, mine/yours)                      |
| <input type="checkbox"/> Locates an object in view when asked ("get the ball")      | <input type="checkbox"/> Follows 2-step related directions   |
| <input type="checkbox"/> Responds to "no, no"                                       | <input type="checkbox"/> Identifies at least 3 different colors  |
| <input type="checkbox"/> Performs at least three different actions                  | <input type="checkbox"/> Follows commands - two familiar attributes (big blue ball)                    |
| <input type="checkbox"/> Follows simple commands without any gestures               | <input type="checkbox"/> Identifies at least 3 body parts  |
| <input type="checkbox"/> Understands words for objects that are out of view         |  |

**Language Production**

- |  |   |
|--|---|
| <input type="checkbox"/> Social Interaction and turn taking  | <input type="checkbox"/> Uses single words to communicate needs:  |
| <input type="checkbox"/> Imitates turn taking  | <input type="checkbox"/> has 10 or less words <input type="checkbox"/> has 26-50 words  |
| <input type="checkbox"/> Responds to initiations   | <input type="checkbox"/> has 11-25 words <input type="checkbox"/> has more than 50 words  |
| <input type="checkbox"/> Takes at least 3 turns in a sequence  | <input type="checkbox"/> Imitates 2-3 word phrases  |
| <input type="checkbox"/> Waves hi/bye  | <input type="checkbox"/> frequently <input type="checkbox"/> occasionally   |
| <input type="checkbox"/> Uses social smile   | <input type="checkbox"/> Asks for help with personal needs using words/phrases  |
| <input type="checkbox"/> Participates in social games (pattycake, peek-a-boo)                              | <input type="checkbox"/> Uses at least 2 different simple sentence types  |
| <input type="checkbox"/> Vocalizes:  | <input type="checkbox"/> Grammatical markers used: <input type="checkbox"/> verb + ing <input type="checkbox"/> plural-s                                    |
| <input type="checkbox"/> Occasionally  | <input type="checkbox"/> possessive -s <input type="checkbox"/> past tense -ed  |
| <input type="checkbox"/> Frequently  | <input type="checkbox"/> Converses in complete sentences:   |
| <input type="checkbox"/> Maintains appropriate eye contact   | <input type="checkbox"/> occasionally <input type="checkbox"/> frequently   |
| <input type="checkbox"/> Communicates purposefully through nonverbal means                                 | <input type="checkbox"/> Uses pronouns: <input type="checkbox"/> I <input type="checkbox"/> me <input type="checkbox"/> you <input type="checkbox"/> she/he |
| <input type="checkbox"/> Communicative intents observed:   | <input type="checkbox"/> Uses spatial concept words (on,in)   |
| <input type="checkbox"/> requests <input type="checkbox"/> commands <input type="checkbox"/> protests      | <input type="checkbox"/> Names at least 3 colors  |
| <input type="checkbox"/> greetings <input type="checkbox"/> answers <input type="checkbox"/> acknowledges  | <input type="checkbox"/> Asks questions using <u>what</u> and <u>where</u>  |
| <input type="checkbox"/> questions <input type="checkbox"/> other  | <input type="checkbox"/> States first / last name   |
| <input type="checkbox"/> Messages sent by:   | <input type="checkbox"/> Tells personal narrative   |
| <input type="checkbox"/> vocalizations <input type="checkbox"/> gestures                                   | <input type="checkbox"/> Uses complex sentences   |
| <input type="checkbox"/> touching objects <input type="checkbox"/> actions                                 | <input type="checkbox"/> Uses single words: <input type="checkbox"/> occasionally <input type="checkbox"/> frequently                                       |
| <input type="checkbox"/> Combines vocalizations & gestures when communicating                              | <input type="checkbox"/> Uses jargon with intonation variations   |
| <input type="checkbox"/> Shakes head to indicate: <input type="checkbox"/> no <input type="checkbox"/> yes | <input type="checkbox"/> Imitates new words: <input type="checkbox"/> occasionally <input type="checkbox"/> frequently                                      |

**Play Skills**

- |   |   |
|---|---|
| <input type="checkbox"/> Undifferentiated actions (shake, bang, throw, mouth)                                       | <input type="checkbox"/> Performs action on self (feeds self, phone to ear)               |
| <input type="checkbox"/> Explores environment and objects   | <input type="checkbox"/> Sequences of actions used with different toys sets:              |
| <input type="checkbox"/> Actions directed to others (feeds mom/doll, phone to doll's ear)                           | <input type="checkbox"/> two sequences <input type="checkbox"/> multiple sequences (3+)   |
| <input type="checkbox"/> Early differentiated action (push buttons, in/out, spinners)                               | <input type="checkbox"/> Engages in role-play (pretends to be Batman, mom, doctor)        |
| <input type="checkbox"/> Appropriate use of familiar toys/objects (single schemes)                                  | <input type="checkbox"/> Uses figure/doll/puppet as participants in play:                 |
| <input type="checkbox"/> Length of time toys used: <input type="checkbox"/> brief <input type="checkbox"/> extended | <input type="checkbox"/> in single actions <input type="checkbox"/> in multiple sequences |
| <input type="checkbox"/> Combines 2 objects together in play (stirs in pot)   |   |

**Social Play:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> initiates play with others               | <input type="checkbox"/> plays with other children  | <input type="checkbox"/> participates in action turn taking |
| <input type="checkbox"/> engages in roll play with other children | <input type="checkbox"/> brings toys to show parent | <input type="checkbox"/> prefers to play alone              |
|   |   | <input type="checkbox"/> plays near others                  |

**Speech**

Consonants Produced (should be produced by age indicated)

- |          |                              |   |                              |                              |                              |
|----------|------------------------------|---|------------------------------|------------------------------|------------------------------|
| 2; 0-2;5 | <input type="checkbox"/> /m/ | <input type="checkbox"/> /p/                                    | <input type="checkbox"/> /b/ | <input type="checkbox"/> /w/ | <input type="checkbox"/> /n/ |
| 2;6-3;0  | <input type="checkbox"/> /h/ | <input type="checkbox"/> /j/ as in "yes"                        |                              |                              |                              |
|          | <input type="checkbox"/> /t/ | <input type="checkbox"/> /d/                                    |                              |                              |                              |
|          | <input type="checkbox"/> /k/ | <input type="checkbox"/> /g/                                    |                              |                              |                              |
|          | <input type="checkbox"/> /f/ | <input type="checkbox"/> /s/ (tongue may pop out between teeth) |                              |                              |                              |

**Comments:**