South Lakes Speech & Language Therapy
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Language Screening – 10 Months

Child's Name: _____ Date of Birth: _____

Person Completing Screening: _____ Date Completed: _____

Directions:
Please highlight or tick each sentence that is true for your baby (e.g. the things he/she IS ABLE TO DO).

1. My baby makes sounds such as 'da, ga, ka and ba'.

2. If I copy my baby's sounds, my baby repeats the sounds back to me.

3. My baby makes two similar sounds (e.g. 'ga-ga, ba-ba').

4. If asked, my baby plays at least one nursery game (e.g. 'bye-bye, peek-a-boo, clap hands').

5. My baby follows simple commands (e.g. 'give it to me,' 'put it back') without gestures.

6. My baby says one word in addition to 'mama' and 'dada'.

7. My baby transfers objects between his/her hands.

8. My baby holds a toy in each hand for about one minute.

9. My baby bangs and claps toys during play.

10. My baby finds toys he/she sees being hidden under a blanket.

11. My baby gives a toy to an outstretched hand.

12. My baby lets go of a toy to an outstretched hand.