South Lakes Speech & Language Therapy
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Language Screening – 12 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 can tell where a sound is coming from (i.e. turns to look at someone talking on the other side of the room).

2. My baby is attentive to different sounds (i.e. phone ringing, door bell, etc.).

3. My baby looks up at me when I call him/her by her name.

4. If I point to an object and say "Look!", my baby will look at the object.

5. My baby can understand simple words like "up" and "no" with the help of gestures.

6. My baby recognizes the words for familiar objects (i.e. ball, mommy, keys).

7. My baby understands simple instructions like "come here" or "bring the ball" with the help of gestures.

8. My baby tries to communicate by using sounds, pointing, and gestures.

9. My baby tries to talk to me through babbling (no-no, ga-ga, ba-ba).

10. My baby can say 2 or 3 words, even if they are not clear (i.e. bye-bye, ball).

11. My baby enjoys it when I play social games like Peek-A-Boo and sing songs.

12. My baby takes turns talking to me. When I talk to him/her, he/she babbles back to me.