South Lakes Speech & Language Therapy
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Language Screening – 14 Months

Child's Name: _____ Date of Birth: _____

Person Completing Screening: _____ Date Completed: _____

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

1. My toddler says one word in addition to 'mama' and 'dada'.

2. My toddler says four words in addition to 'mama' and 'dada'.

3. My toddler points toward desired items.

4. My toddler shakes his/her head for yes/no.

5. My toddler points, pats or tries to pick up pictures in a book.

6. When asked, my toddler will go into another room to find an object (e.g. 'where is your ball?' 'bring me your shoes').

7. After being shown, my toddler tries to get an out of reach object by using a spoon or other tool.

8. My toddler rolls or throws a ball so I can play with him/her.

9. My toddler plays with a doll or teddy by hugging it.

10. My toddler copies me by placing toys in a box.

11. My toddler copies scribbling.

12. My toddler gets my attention or tries to show me something by pulling on my hand or clothing.