South Lakes Speech & Language Therapy
https://southlakesslt.co.uk
email: SouthLakes.SLT@gmail.com
Tel: 01539 272034

Language Screening – 16 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 points, pats or try to pick up pictures in a book.

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

3. My toddler says eight words in addition to 'mama' and 'dada'.

4. My toddler points to desired items.

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

6. My toddler imitates a two-word phrase (e.g. 'daddy go').

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

8. My toddler copies scribbling.

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

10. My toddler offers a toy to his/her image in the mirror.

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

12. My toddler comes to me when he/she needs help.