South Lakes Speech & Language Therapy
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Language Screening – 20 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 imitates a two-word phrase.

2. My toddler independently says a two- to three-word phrase.

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

4. My toddler points to named pictures.

5. My toddler names pictures when asked.

6. My toddler follows three or more one-step commands (e.g. 'bring me your cup,' 'take off your shoes.').

7. My toddler copies drawing vertical and horizontal lines.

8. My toddler copies lining up blocks.

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

10 My toddler copies activities such as wiping up a spill, combing their hair, etc.

11. When playing with doll or teddy, my toddler rocks it, feeds it, changes its nappy, puts it to bed, etc.