



South Lakes Speech & Language Therapy  
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## Language Screening – 22 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- or three-word phrase.
3. My toddler names pictures when asked.
4. My toddler follows three or more 1-step commands (e.g. 'bring me your cup,' 'take off your shoes.').
5. My toddler correctly identifies seven body parts.
6. My toddler says eight words in addition to 'mama' and 'dada'.
7. My toddler uses two or more pronouns (I, me, mine, you).
8. My toddler pretends an object is something else (i.e. box on head = hat, cup to ear = phone).
9. My toddler copies drawing vertical and horizontal lines.
10. My toddler copies lining up blocks.
11. My toddler copies activities such as wiping up a spill, combing his/her hair, etc.
12. When playing with doll or teddy, my toddler rocks it, feeds it, changes its nappy, puts it to bed, etc.