South Lakes Speech & Language Therapy
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Language Screening – 24 months (2 Years)

Child's Name: _____ Date of Birth: _____

Person Completing Screening: _____ Date Completed: _____

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

1. My child can spend a long time doing an activity that he/she likes.

2. My child can sit and listen to simple stories with pictures.

3. My child can follow simple 1-step directions without the help of gestures. (i.e. bring the cup).

4. My child's vocabulary is growing every day. He/she can understand 200 words or more.

5. My child understands simple action words such as "eat", "sleep", etc.

6. My child can express himself/herself with lots of words, between 100 – 200.

7. My child can put together 2-3 words to make simple sentences (i.e. more juice).

8. My child knows common animal sounds (i.e. "moo", "oink-oink").

9. Other people are able to understand what my child is saying at least half of the time.

10. My child asks lots of questions such as "Where going"? and "What's that"?

11. My child gets frustrated if we don't understand what he/she is saying.

12. My child understands whether I am happy, angry, or upset based on my body language and facial expressions.