South Lakes Speech & Language Therapy
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Language Screening – 27 Months (2 years, 3 Months)

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 follows three or more 1-step directions (e.g. 'get your cup,' 'take off your jumper.').

2. My child follows directions containing positional terms (on, under, in front, behind, etc.).

3. My child follows a 2-step direction (e.g. 'get your shoe and bring it to me.').

4. My child can identify seven or more body parts.

5. My child names pictures.

6. My child uses pronouns (me, I, mine, you).

7. My child uses three- to 4-four word sentences.

8. My child pretends an object is something else (i.e. box on head = hat, cup to ear = phone).

9. My child puts things away where they belong.

10. When looking in mirror, my child points to him/herself when asked 'where is (name)?'.

11. My child copies my gestures.