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

Language Screening – 3 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 enjoys listening to people talk but can be easily distracted.

2. My child understands and remembers stories.

3. My child can understand 2 step directions (Pick up teddy and put him in the box).

4. My child can understand simple question words such as "who" "what" and "where".

5. My child understands the concept of size (i.e. big vs. little).

6. My child understands 300 words or more.

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

8. My child uses action words such as "eat", "run", and "sleep".

9. My child can make plurals by adding /s/ to words (i.e. shoes, dogs).

10. My child uses the sounds p, b, m, w, k, g, t, and d when he/she talks.

11. My child shows interest in other children and wants to join in on games and activities.

12. My child shows concern when another child is sad or hurt.

13. My child likes to get attention by saying things like "watch me".