South Lakes Speech & Language Therapy
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Language Screening – 30 Months (2 Years, 6 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 correctly names a picture.

2. My child follows three or more 1-step directions.

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

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

5. My child identifies seven or more body parts.

6. My child speaks in sentences three or four words long.

7. When looking at a picture book, my child tells what is happening using action words (verb + ing).

8. My child copies my gestures.

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

10. When looking in mirror and asked 'who is in the mirror,' my child responds 'me'.