South Lakes Speech & Language Therapy
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Language Screening – 33 Months (2 Years, 9 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 identifies seven or more body parts.

2. My child uses sentences that are three or four words long.

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

4. My child follows a 2-step direction (e.g. 'get your paper and put it in the bin').

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

6. When asked 'what is your name,' my child responds with his/her first and last name.

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

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

9. After scribbling, my child tells what he/she has drawn.

10. When asked are you a boy or a girl, my child responds correctly.

11. My child has some understanding of taking turns by waiting.