South Lakes Speech & Language Therapy
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Language Screening – 42 Months (3 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 follows directions containing positional terms (on, under, behind, in front).

2. My child follows 2-step directions ('get the paper and put it in the bin').

3. My child follows 3-step directions ('clap your hands, walk to the door, and sit down').

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

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

6. My child dresses up and pretends to be someone or something else.

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

8. When asked are you a boy or a girl, my child respond correctly.

9. My child takes turns by waiting.