South Lakes Speech & Language Therapy
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Language Screening – 4 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 looking at books and listening to stories.

2. My child can hear when I call his/her name from the other room and will respond.

3. My child can understand questions about a story we just read (i.e. "what did the baby eat?").

4. My child can answer simple problem solving questions (i.e. What do you do if you are thirsty?).

5. My child understands the concept of time (today, tomorrow, yesterday, etc.).

6. My child knows the names of all the basic colours.

7. My child can put together 4-6 words to make sentences (I want to eat cookie).

8. My child is able to tell short stories based on something he/she saw (i.e the boy played with teddy, teddy was black and white).

9. My child can ask me lots of questions using "who", "what", "where", and "why".

10. My child can use future tense words (I will play) and past tense words (I drank juice).

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

12. My child can use the sounds s, f, l, y, k, and g in words.

13. My child is able to plan games cooperatively with other children.

14. My child is able to argue with other people using words, not just actions.