South Lakes Speech & Language Therapy
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Language Screening – 54 Months (4 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 tells two or more things about an object?

2. My child uses all the words needed to make a complete sentence.

3. My child uses the endings of words (e.g. 's, ed, ing').

4. My child marks past tense ('ed').

5. My child uses four and five word sentences.

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

7. My child follows directions containing positional terms (on, under, between, middle).

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

9. My child understands size concepts (e.g. big, little).

10. My child counts and recognizes written numbers.

11. My child lists names of playmates or siblings.

12. My child responds correctly when asked his/her name and age, whether he/she is a boy or girl, and the town in which he/she lives.