South Lakes Speech & Language Therapy
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Language Screening – 5 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 hears and understands almost everything that is said to him/her at home.

2. My child is able to understand simple stories without pictures.

3. My child understands sequence sentences (i.e. First we will eat lunch, then we will play in the park).

4. My child understands prepositions such as "above" and "below".

5. My child understands adjective words such as hot, soft, cold, etc.

6. My child can follow directions with multiple steps (i.e. open the drawer, take out your socks and put them on).

7. My child can put together long and detailed sentences (i.e. we went to the library but we came home because Sophia was crying).

8. My child is able to describe objects and events with lots of detail.

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

10. My child can speak of prospective conditions and say things like "I hope".

11. My child can easily communicate with familiar adults and other children.

12. My child has friends that he/she chooses himself/herself.

13. My child can take turns in longer conversations and can stay on topic.

14. My child can engage in make believe play with other children.