South Lakes Speech & Language Therapy
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Language Screening – 7 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 can follow directions with multiple steps (Finish your juice, then go to the cupboard, take out your socks, and put them on).

2. My child can remember the details of a story that is told over several days.

3. My child can understand passive sentences (i.e. The football was kicked by Johnny).

4. My child understands complicated size concepts such as 'medium', and 'large'.

5. My child understands that a word can have more than one meaning (i.e. 'fly' is an insect and a verb).

6. My child can take turns in a conversation with one person or a group.

7. My child asks follow up questions to get more information about different topics.

8. My child uses language to make up detailed stories that are sequential and easy to follow.

9. My child uses words to join two sentences together (I went to school, then I went to the park).

10. My child uses language to express opinions, negotiate, persuade, and ask questions.

11. My child uses sentences that are grammatically correct.

12. My child's speech is clear with some errors (i.e. difficulty with blends such as "splash", "crash").

13. My child can use words to express their emotions instead of throwing tantrums.

14. My child can tell and understand jokes.