South Lakes Speech & Language Therapy
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Language Screening – 9 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 understand complicated vocabulary (Today, it is hotter than Tuesday).

2. My child can use long and complicated sentences (We went to a restaurant for lunch yesterday, my burger was really yummy, then we went out for ice cream).

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

4. My child understands complicated word endings and grammatical rules (i.e. plural of goose is geese).

5. My child knows when they haven't understood something and will ask for further information if needed.

6. My child can initiate conversation with adults and children that they have just met.

7. My child knows the rules of conversation and will check the listener's facial expressions to see if they are interested in the topic.

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

9. My child can provide step by step instructions on how to complete a task (i.e. how to play a new game).

10. My child has a good sense of humour and enjoys puns and riddles.

11. My child understands that people have different points of view and can agree or disagree with them.