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PEDIATRIC AND ADOLESCENT MEDICINE

THE 2 ½ YEAR SPEECH AND LANGUAGE

Please respond to the following items by marking a “+” if you child exhibits the behavior and a “-“if your child does not exhibit the behavior. This information will assist your child’s pediatrician in performing a comprehensive evaluation of his/her language development.

- ___ 1. Does your child look at the person he/she is talking to?
- ___ 2. Does your child understand the meaning of “in”, “on”, “under”, “on top of”, “front”, “back”?
- ___ 3. Is your child using short sentences: “Daddy, go bye-bye”, etc.?
- ___ 4. Can your child say these sounds correctly at the beginning and end of words:
/p/, /b/, /m/, /w/,/h/? (pop, mom, bob, water, house)
- ___ 5. Does your child join in singing parts of songs or nursery rhymes?
- ___ 6. Does your child enjoy simple stories read from books?
- ___ 7. Can adults understand at least 60% of what the child says?
- ___ 8. Does your child seem to be hearing what is said to him?
- ___ 9. Does your child answer questions accurately and correctly?
- ___ 10. Is your child learning politeness words such as “please” and “thank you”?
- ___ 11. Does your child understand the meaning of size relationship words such as “big” and “little”?
- ___ 12. Does your child combine words frequently and speak in sentences of two or more words in length?
- ___ 13. Does your child use both nouns and verbs in his sentences?
- ___ 14. Does your child say “yes” or “no” correctly when asked a question?

Child’s Name: _____ Child’s Age: _____

Date of Visit: _____