

**4 YEAR SPEECH AND LANGUAGE ASSESSMENT**

Please respond to the following items by marking a “+” if your 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 speak in sentences containing approximately 4 to 5 words?
- \_\_\_ 2. Is your child easily understood by adults (at least 80% of the time)?
- \_\_\_ 3. Does your child produce: p, b, m, n, f, w, h, k, g sounds correctly at the beginning of words: (pop, ball, mom, fall, water , house, kitty, go?
- \_\_\_ 4. Are your child’s sentences well constructed (most of the words in proper order)?
- \_\_\_ 5. Does your child use “he” or “she” correctly?
- \_\_\_ 6. Does your child talk about activities at school or at friend’s homes?
- \_\_\_ 7. Does your child talk easily without repeating syllables or words?
- \_\_\_ 8. Does your child say “the” and “a” in his/her sentences?
- \_\_\_ 9. Can your child look at the person he/she is talking to?
- \_\_\_ 10. Does your child answer questions accurately and correctly?
- 11. Does your child enjoy playing with other children, enjoy social interaction?
- 12. Does your child recognize the colors: red, blue yellow, green, orange, purple?

Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Visit: \_\_\_\_\_