

Central Texas Speech Pathology Services, Inc.

Communication Screening Tool for Birth to 6+ years

www.centraltexasspeech.com

(512) 327-6179

Birth – Two Years	Two – Three Years	Four – Five Years	Six Years and Older
Y N Looks to another seeking attention	Y N Can give full name	Y N Is almost 100% intelligible and correctly produces most consonants	Y N Has all “adult” sounds (r,s,l)
Y N Smiles/laughs	Y N Is adding new words to vocabulary quickly	Y N Enjoys dramatic play with others and plays cooperatively with other children	Y N No frequent repetitions of sounds, syllables, phrases in speech production
Y N Will look at something you point to	Y N Combines 2-3 words in phrases and simple questions	Y N Uses /s/ to indicate plurals consistently	Y N Tells stories that are grammatically correct
Y N Will point to desired object	Y N Uses words to request, describe, and name	Y N Can follow simple 3-level verbal requests	Y N Uses adult form of language
Y N Can imitate words	Y N Between 50-75% intelligible to an unfamiliar listener	Y N Tells understandable story with many details	Y N Performs at grade level in school
Y N Produces at least 5 simple consonants: __ m __ p __ d __ t __ k __ n __ g __ b	Y N Follows simple 2-part commands	Y N Uses language and grammar consistent with the family	Y N Able to communicate with friends, peers and adults
Y N Says at least 200 words by age two	Y N Can name common pictures of objects	Y N Answers a variety of questions	
Y N Responds consistently to his/her name	Y N Uses more words than gestures to communicate	Y N Correctly uses verb tenses	
Y N Waves hello/goodbye	Y N No frustration about ability to communicate	Y N Produces complex sentences	
Y N Can follow simple play routine, i.e. patty cake	Y N Plays with a variety of objects	Y N No frequent repetitions of sounds, syllables, phrases in speech productions for longer than six months.	
Y N Can identify body parts	Y N Answers what/where questions		
Y N Follows simple one-step requests	Y N Uses –ing		

Form Courtesy of CTSPS, Inc.

If you are concerned regarding multiple “no” responses, please visit our website for more information or contact your physician.

Child’s Name:

Date:
