



Communication Checklist

Is your child's speech and language typical for their age? Use your child's age range on this checklist as a guide.

Please call Public Health Speech and Language Services at (250) 851-7355 or the Children's Therapy and Family Resource Centre at (250) 371-4100 if:

- You checked **NO** to any of the questions in your child's age.
- You want to refer your child.
- You want to ask a question about how your child is talking or understanding language.
- You want information about speech & language development.

Don't delay!

Helping your child at an early age is very important for future success.

BY THREE MONTHS**Yes****No***Does your child:*

Startle at sudden sounds?

Make sounds? (*oo, ah*)

Look at you with interest when you talk to him/her?

Smile in response to you?

BY SIX MONTHS**Yes****No***Does your child:*

Turn to where a sound is coming from?

Make several different sounds? (*squeals, grunts, dah, ga*)

Try to get your attention by looking at your face and/or making sounds?

Make sounds and smile in response to your facial expressions and sounds?

BY NINE MONTHS**Yes****No***Does your child:*

Reach out to be picked up?

Respond to his/her name?

Make speech-like sounds? (*baba, gaga*)

Babble tunefully (sing-song voice) while playing alone?

Turn to where a voice (spoken words) is coming from?

Enjoy being played with and take turns making sounds back and forth with you?

Understand *no*?**BY TWELVE MONTHS****Yes****No***Does your child:*

Use a finger to point out things to you?

Imitate or use gestures like waving bye-bye?

Let you know what he/she wants by using sounds and actions?

Bring toys to show you and/or play with?

Enjoy playing games like *Peek-a-boo* and *Pat-a-cake*, and will he/she sometimes start the game?Understand some simple phrases? (*Go get a cup. Where's the ball?*)

BY FIFTEEN MONTHS	Yes	No
<i>Does your child:</i>		
Say one or two words?	<input type="checkbox"/>	<input type="checkbox"/>
Shake his/her head for <i>yes</i> & <i>no</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
Repeat words he/she hears?	<input type="checkbox"/>	<input type="checkbox"/>
Seem to be talking in sentences but not using real words?	<input type="checkbox"/>	<input type="checkbox"/>
Usually look at you when communicating?	<input type="checkbox"/>	<input type="checkbox"/>
Understand some simple questions & commands? (<i>Go get a diaper. Where's the ball?</i>)	<input type="checkbox"/>	<input type="checkbox"/>

BY EIGHTEEN MONTHS	Yes	No
<i>Does your child:</i>		
Point, look at you and then at what he/she is talking about?	<input type="checkbox"/>	<input type="checkbox"/>
Say about 10 or more words? (<i>mom, no, juice, kitty</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Understand and use the names of familiar objects? (<i>ball, light, bed, car</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes answer the question <i>What's this?</i>	<input type="checkbox"/>	<input type="checkbox"/>
Take turns when playing with a partner?	<input type="checkbox"/>	<input type="checkbox"/>
Use toys for pretend play? (eg. Feeds doll, talks on phone)	<input type="checkbox"/>	<input type="checkbox"/>

BY TWO YEARS	Yes	No
<i>Does your child:</i>		
Point to some body parts when asked?	<input type="checkbox"/>	<input type="checkbox"/>
Use descriptive words? (<i>hungry, big, hot</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Use two word combinations? (<i>Me go. More cookie</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Ask questions like: <i>What dat?</i>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy listening to simple stories?	<input type="checkbox"/>	<input type="checkbox"/>

BY THREE YEARS	YES	NO
<i>Does your child:</i>		
Follow 2-part directions? (<i>Go to the kitchen and get your cup</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Have short "back and forth" conversations with you?	<input type="checkbox"/>	<input type="checkbox"/>
Use sentences of three words or more to communicate?	<input type="checkbox"/>	<input type="checkbox"/>
Talk about something that happened in the recent past?	<input type="checkbox"/>	<input type="checkbox"/>
Ask <i>what</i> and <i>where</i> questions?	<input type="checkbox"/>	<input type="checkbox"/>
Do people outside the family understand more than 1/2 of what your child says?	<input type="checkbox"/>	<input type="checkbox"/>

BY FOUR YEARS**YES****NO***Does your child:*

Talk in whole sentences using adult-like grammar?

Tell a story that is easy to follow?

Ask many questions?

Answer *who*, *how many* questions?Use *I*, *me*, *you*, *he* and *she* properly?

Start a conversation and continue it, staying on the same topic?

Use language to create pretend situations when playing with others?

Do people outside the family understand $\frac{3}{4}$ of what your child says?**BY FIVE YEARS****YES****NO***Does your child?*

Explain how an object can be used?

Answer *when* and *why* questions?

Talk about past, future and imaginary events?

Participate in long, detailed conversations?

Do people outside the family understand all of what your child says?

You should also refer your child if...

- You are concerned about his/her speech, language, or hearing development.
- His/her speech and language skills have not improved over the last 6 months.
- He/she often repeats sounds and/or words (stutters).
- His/her voice sounds different/odd to you.
- His/her play or social interactions seem inappropriate.
- He/she has a diagnosis such as a cleft lip/palate, hearing loss, Autism Spectrum Disorder (ASD) or developmental delay and is not already receiving speech & language services.
- You are concerned about his/her hearing (refer to audiology at Interior Health)

Remember ... Don't delay!

Helping your child at an early age is very important for future success.

If you would like more information about speech and language development, please visit either of the websites below.



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Every person matters

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