

Primary Pediatrics

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30 Month (2 ½ year) Speech Evaluation

Please respond to the following items by marking "+" if your child exhibits the behavior and "-" if your child does not exhibit the behavior. This information will assist us in performing a comprehensive evaluation of your child's development.

- ____ 1. Does your child seem to hear and understand most everything that is said to him/her?
- ____ 2. Does your child form simple complete sentences (at least 3 words)?
- ____ 3. Does your child use at about 250 words, and understand about 500 words?
- ____ 4. Is your child able to carry a conversation, and have a stranger understand at least 70% of what they are saying?
- ____ 5. Does your child use consonants to start most words when appropriate?
- ____ 6. Does your child use action words (run, fall, jump, sit)?
- ____ 7. Does your child name common objects, familiar actions, and basic concepts (cup, ball, spoon, kiss, walk, in, on, up, down, over, under, hot, cold)?
- ____ 8. Does your child remember and understand familiar stories?
- ____ 9. Does your child say "where" and ask "why"?
- ____ 10. Does your child use plurals (boys, girls, forks, dogs, cats, cars, babies)?
- ____ 11. Does your child use past tense (pushed, walked, jumped)?
- ____ 12. Does your child use child use irregular past tense (came, broke, sat, went)?
- ____ 13. Does your child look at the person he is speaking to?
- ____ 14. Does your child begin a conversation?
- ____ 15. Can your child converse on multiple topics?
- ____ 16. Does your child engage you in make-believe or pretend games?

Child's Name _____ Date _____