

PRIMARY PEDIATRICS

FOUR-YEAR-OLD SPEECH 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 us in performing a comprehensive evaluation of his or her language development.

- _____ 1) Does your child speak in sentences?
- _____ 2) Is your child easily understood by adults at least 80% of the time?
- _____ 3) Does your child ask questions regularly?
- _____ 4) Does your child pronounce P, B, M, N, F, W, H, K, G sounds correctly at the beginning of words?
(pop, ball, mom, no, fall, water, house, kitty, go)
- _____ 5) Are your child's sentences well constructed (most of the words are in order)?
- _____ 6) Does your child use (he) and (she) correctly?
- _____ 7) Does your child say (the) and (a) in sentences?
- _____ 8) Does your child include the word (is) in sentences when appropriate?
- _____ 9) Does your child use the (is and ing) verb structure in sentences? (The girl is running.)
- _____ 10) Does your child use past tense verbs correctly? (He walked outside.)
- _____ 11) Does your child look at the person he is talking to?
- _____ 12) Does your child answer questions accurately and correctly?
- _____ 13) Does your child enjoy playing with other children?
- _____ 14) Does your child talk about what he is seeing and doing?
- _____ 15) Does your child recognize the colors red, blue, yellow, green, orange, and purple?

PATIENT'S NAME: _____

DATE: _____