



141 N. Main Street Fuquay-Varina, NC 27526
Office: 919-577-6807 Fax: 919-577-6853
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www.capitolcityspeechtherapy.com

Speech/Language/Dysphagia by 12 Months—Self Screening

Check the skills your child can demonstrate and then refer to the * to determine if a formal evaluation is indicated at this time. If an evaluation is recommended than please contact you child's primary care physician and/or a local Speech Language Pathologist to schedule an evaluation.

SPEECH/LANGUAGE SKILLS

- Responds to No-No
- Responds to their name
- Gives object/toy on request "give me the ball"
- Says mama or dada
- Imitates waving Bye-bye
- Points to, pulls or pushes caregiver to desired object
- Vocalizes with a few vowels "ah, oooo, e..." and a few consonants "p, b, h, m"

***Refer to a Speech Language Pathologist if the child has less than 5 items checked.**

FEEDING/DYSPHAGIA SKILLS

- Consuming Liquids in a sippy cup and/or regular cup
- Consuming Finger Foods
- No choking or gagging observed while eating or drinking
- Eats at least 10 different foods

***Refer to a Speech Language Pathologist if the child has less than 4 items checked.**



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Speech/Language/Dysphagia by 2 years of age—Self Screening

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SPEECH/LANGUAGE SKILLS

- Follows directions without cues (give me the cup)
- Points to at least 3 body parts
- Plays appropriately with blocks, cars, spoons and baby dolls
- Points to pictures in a book when named
- Has 50 vocabulary words
- Refers to him/herself by name
- Is beginning to put 2 words together "more cookie, mama go"

***Refer to a Speech Language Pathologist if the child has less than 5 items checked.**

FEEDING/DYSPHAGIA SKILLS

- Consuming Liquids in a sippy cup and/or regular cup
- Consuming a variety of sandwiches, meats, vegetables
- No choking or gagging observed while eating or drinking

***Refer to a Speech Language Pathologist if the child has less than 3 items checked.**



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Speech/Language/Dysphagia by 3 years of age—Self Screening

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SPEECH/LANGUAGE SKILLS

- Follows 2 step directions without cues (get your shoes and socks)
- Points to at least 5 body parts on self
- Understands objects by use "show me something you put on your feet."
- Uses 100-300 words
- Enjoys listening to stories and/or songs
- Answers where questions, "where is Daddy?"
- Uses -ing words such as "sleeping, eating, playing..."
- Combines 2-3 words together "I got it, Mama go in"
- Asks questions "where are you? What's that?"

***Refer to a Speech Language Pathologist if the child has less than 7 items checked.**

ARTICULATION/SPEECH

Check if the child can produce each of the following sounds correctly

- m as in "my"
- t as in "two"
- p as in "pop"
- b as in "baby"
- w as in "we"
- h as in "hi"

*** Refer to a Speech Language Pathologist if the child has less than 4 items checked.**

FEEDING/DYSPHAGIA SKILLS

- Consumes a variety of meats, vegetables, fruits and liquids
- No choking or gagging while eating or drinking

***Refer to a Speech Language Pathologist if the child has less than 2 items checked.**



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Speech/Language/Dysphagia by 4 years of age—Self Screening

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SPEECH/LANGUAGE SKILLS

- Understands “big verses little”
- Understand “and verses or” (give me the baby or the cup)
- Understands “all verses one” (give me one block)
- Points to 4 different colors
- Names a variety of pictures (horse, spoon monkey, balloons)
- Tell how objects are used (what do you do with a book?)
- Talks about experiences at school or with friends/relatives
- Repeats/recalls parts of a story
- Asks WHO? Questions and/or WHY? Questions

***Refer to a Speech Language Pathologist if the child has less than 7 items checked**

ARTICULATION/SPEECH

Check if the child can produce each sound correctly:

- | | | |
|---|--|--|
| <input type="checkbox"/> m as in “my” | <input type="checkbox"/> t as in “hot” | <input type="checkbox"/> y as in “yes” |
| <input type="checkbox"/> p as in “pop” | <input type="checkbox"/> k as in “cake” | <input type="checkbox"/> b as in “tub” |
| <input type="checkbox"/> t as in “two” | <input type="checkbox"/> f as in “knife” | <input type="checkbox"/> w as in “we” |
| <input type="checkbox"/> k as in “key” | <input type="checkbox"/> b as in “boy” | <input type="checkbox"/> d as in “mud” |
| <input type="checkbox"/> f as in “fun” | <input type="checkbox"/> h as in “hi” | <input type="checkbox"/> g as in “dog” |
| <input type="checkbox"/> m as in “home” | <input type="checkbox"/> d as in “dog” | |
| <input type="checkbox"/> p as in hop” | <input type="checkbox"/> g as in “go” | |

***Refer to a Speech Language Pathologist if the child has less than 16 items checked.**

FEEDING/DYSPHAGIA SKILLS

- Consumes a variety of meats, vegetables, fruits and liquids
- No choking or gagging while eating or drinking

***Refer to a Speech Language Pathologist if the child has less than 2 items checked.**



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Speech/Language/Dysphagia by 5 years of age—Self Screening

Check the skills your child can demonstrate and then refer to the * to determine if a formal evaluation is indicated at this time. If an evaluation is recommended than please contact you child's primary care physician and/or a local Speech Language Pathologist to schedule an evaluation.

SPEECH/LANGUAGE SKILLS

- Follows directions using “in front, in back, next to, under”
- Understands “long vs. short” (show me who has long hair)
- Understands “full vs. empty” (which cup is full?)
- Can point to 2 different shapes when named (square, circle, triangle)
- Repeats a 5 word sentence (They are washing the dog)
- Correctly uses “he and she” correctly
- Can count up to 10
- Uses sentences with 4-8 words
- Gives definitions for words (What's a book?)
- Names 6 different colors

***Refer to a Speech Language Pathologist if the child has less than 8 items checked.**

ARTICULATION/SPEECH

Check if the child can produce each sound correctly:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> m as in “my” | <input type="checkbox"/> m as in “home” | <input type="checkbox"/> b as in “boy” | <input type="checkbox"/> b as in “tub” |
| <input type="checkbox"/> p as in “pop” | <input type="checkbox"/> p as in “hop” | <input type="checkbox"/> h as in “hi” | <input type="checkbox"/> w as in “we” |
| <input type="checkbox"/> t as in “two” | <input type="checkbox"/> t as in “hot” | <input type="checkbox"/> d as in “dog” | <input type="checkbox"/> d as in “mud” |
| <input type="checkbox"/> k as in “key” | <input type="checkbox"/> k as in “cake” | <input type="checkbox"/> g as in “go” | <input type="checkbox"/> l as in “ball” |
| <input type="checkbox"/> f as in “fun” | <input type="checkbox"/> f as in “knife” | <input type="checkbox"/> y as in “yes” | <input type="checkbox"/> j as in “badge” |
| <input type="checkbox"/> v as in “van” | <input type="checkbox"/> v as in “shave” | <input type="checkbox"/> l as in “look” | |
| <input type="checkbox"/> sh as in “shoe” | <input type="checkbox"/> sh as in “push” | <input type="checkbox"/> j as in “jump” | |

***Refer to a Speech Language Pathologist if the child has less than 23 items checked.**

FEEDING/DYSPHAGIA SKILLS

- Consumes a variety of meats, vegetables, fruits and liquids
- No choking or gagging while eating or drinking

***Refer to a Speech Language Pathologist if any items aren't checked.**

Developed by Tracy Barnes MS CCC-SLP, Capitol City Speech Therapy 2004.