

DEARBORN COUNTY HOSPITAL SPEECH THERAPY
Speech-Language Screening Quiz



DOES YOUR CHILD.....

1-2 YEARS

- Point to a few body parts when asked?
- Follow a command (“Roll the ball”, “Kiss the baby”)?
- Use some 1-2 word questions (“Where’s kitty?”, “Go bye-bye?”, “What’s that?”)?
- Put 2 words together (“more cookie”, “mommy book”)?
- Use many different consonant sounds at the beginning of the words?

2-3 YEARS

- Understand differences in meaning (go, stop, in, out, up, down)?
- Follow 2 requests (“Get the book and put it on the table”)?
- Have a word for almost everything?
- Use 2-3 words to talk about and ask for things?
- Use speech that is understood by familiar listeners most of the time?

3-4 YEARS

- Stay with one activity for approximately 10 minutes?
- Answer simple who, what, where and why questions?
- Use a lot of sentences that have 4 or more words?
- Use speech that is understood by people outside the family?
- Talk about activities at school or at friends’ homes?

4-5 YEARS

- Pay attention to a short story and answer simple questions about it?
- Say most sounds correctly except a few such as, r, l, s, z, ch, th?
- Use sentences that give detail (e.g., “I like to read my books.”)?
- Communicate easily with other children and adults?
- Use the same grammar as the rest of the family?

If you answered “no” to the majority of the questions in your child’s age range or have concerns regarding their communication skills, then your child is recommended to complete a speech and language evaluation. Please feel free to call the phone number below with any questions. To start this process, ask your pediatrician to complete the referral below and fax to the DCH Speech Therapy Department at 812-539-3607 .

Child’s Name: _____ Date of Birth: _____

Contact Person: _____ Phone Number: _____

Speech therapy to evaluate for _____ and develop a plan of care and implement plan.

Physician Signature

Date