

# SPEECH & LANGUAGE

## PRE-REFERRAL CHECKLIST FOR PRESCHOOLERS

### Language

Child's Name: \_\_\_\_\_

YES

NO

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Does the child follow directions with spatial concepts?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the child identify pictures and body parts?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can this child tell about an event?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does this child use 3-4 words in a sentence?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does this child use questions form or inflection?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can the child repeat a sentence?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. 3-4 words   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 5-6 words   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 7-8 words   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the child use grammatical word forms correctly?<br>(e.g. plurals, verb endings, comparison er/est) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Can the child tell you at least two things about a common object?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the child's conversation:  |                          |                          |
| a. Organized?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. On topic?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Appropriately sequenced?  | <input type="checkbox"/> | <input type="checkbox"/> |

### Articulation

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Is sound production a concern?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the child's speech unintelligible to others?     | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Sometimes   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Much of the time                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the child get frustrated when trying to speak? | <input type="checkbox"/> | <input type="checkbox"/> |

### Fluency

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Is sound or word repetition occurring?        | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Occasionally                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Frequently                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the child frustrated when trying to speak? | <input type="checkbox"/> | <input type="checkbox"/> |

### Voice

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Does the child show an unusual voice quality or pitch? | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe: _____   |                          |                          |

### General

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Does the child respond to sound?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the child initiate vocalization?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the child follow simple directions?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the child maintain attention to auditory/verbal tasks?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the child use language to interact with another person?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the child's speech problem distract you sometimes from what he/she is saying? | <input type="checkbox"/> | <input type="checkbox"/> |