

COMMUNICATION CHECKLIST

Name of child: _____ **M/F** _____
School: _____ **D.O.B:** ____ / ____ / ____
School Contact Person: _____ **Phone:** _____

SPEECH

- | | YES | NO |
|--|--------------------------|--------------------------|
| • Is the child difficult to understand? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the child have difficulty saying any of the following sounds
(please circle the sounds): | | |
| b, p, m, h, n, w | <input type="checkbox"/> | <input type="checkbox"/> |
| k, g, d, t, f | <input type="checkbox"/> | <input type="checkbox"/> |
| s, sh, z, ch, j, v, l | <input type="checkbox"/> | <input type="checkbox"/> |
| th, r | <input type="checkbox"/> | <input type="checkbox"/> |
| • Comments: _____
_____ | | |

LANGUAGE

- | | YES | NO |
|---|--------------------------|--------------------------|
| • Does the child use immature speech?
(e.g. 'me' for 'I'; 'him' for 'he'; 'goed' for 'went') | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the child use mainly short sentences of phrases? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the child have difficulty in describing or discussing his/her ideas? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the child have a limited vocabulary or difficulty finding the right word to use? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the child forget instructions or a message and have to ask again? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the child answer questions correctly? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the child have difficulty understanding ideas of time (after, before);
space (left, right, between); quantity (a few, least)? | <input type="checkbox"/> | <input type="checkbox"/> |

