

SLI CHECKLIST: PRESCHOOL A1

NAME: _____ **DOB:** _____ **DATE:** _____
NAME OF PRESCHOOL OR PROGRAM: _____
NAME OF PERSON COMPLETING FORM: _____
RELATIONSHIP TO CHILD: _____

Circle Yes or No to rate the child's performance:

- | | | | |
|-----|---|-----|----|
| 1. | Does this child eat, chew, and suck without drooling or choking? | Yes | No |
| 2. | Does this child follow two or more step verbal directions? | Yes | No |
| 3. | Does this child seem to understand what is said to him/her? | Yes | No |
| 4. | Does this child listen to stories? | Yes | No |
| 5. | Does this child know his/her first and last name? | Yes | No |
| 6. | Does this child identify common body parts and some objects? | Yes | No |
| 7. | Does this child participate in pretend play or imitate adult activities? | Yes | No |
| 8. | Does this child use words to communicate? | Yes | No |
| 9. | Does this child use words with more than one syllable (apple, baby)? | Yes | No |
| 10. | Does this child communicate verbally with other children? | Yes | No |
| 11. | Does this child verbally express wants/needs? | Yes | No |
| 12. | Does this child use sentences of appropriate length for his/her age? | Yes | No |
| 13. | Does this child ask simple questions? | Yes | No |
| 14. | Does this child answer simple questions? | Yes | No |
| 15. | Does this child's speech include the use of many different sounds? | Yes | No |
| 16. | Does this child play with other children? | Yes | No |
| 17. | Does this child prefer to play by him/herself? | Yes | No |
| 18. | Is this child understood by his/her family? | Yes | No |
| 19. | Is this child understood by people outside of the family? | Yes | No |
| 20. | Is this child's speech as easy to understand as other children in the class? | Yes | No |
| 21. | Is this child's speech more difficult to understand than others in the class? | Yes | No |
| 22. | Does this child talk smoothly without repeating sounds/words? | Yes | No |
| 23. | Does this child name a variety of pictures/objects and actions? | Yes | No |
| 24. | Does this child imitate simple songs or nursery rhymes? | Yes | No |
| 25. | Does this child retell simple stories? | Yes | No |

Please describe any other concerns related to the communication of this child:

SIGNATURE OF PERSON COMLETING FORM: _____

PLEASE RETURN FORM TO: _____