

A Communications Checklist for the Preschool Speech and Language Program

Does your child need the Preschool Speech and Language program

If the answer is **NO** to any of the following questions, call York Region Preschool Speech and Language Program at **1-888-703-KIDS (5437)**.

BY THREE MONTHS

Does your child:	Yes	No
Startle to a sudden sound?	<input type="checkbox"/>	<input type="checkbox"/>
Turn to where a sound is coming from?	<input type="checkbox"/>	<input type="checkbox"/>
Make sounds? (oo, ah)	<input type="checkbox"/>	<input type="checkbox"/>
Look at you with interest when you talk to her/him?	<input type="checkbox"/>	<input type="checkbox"/>
Smile in response to you?	<input type="checkbox"/>	<input type="checkbox"/>

BY SIX MONTHS

Does your child:	Yes	No
Make several different sounds?	<input type="checkbox"/>	<input type="checkbox"/>
Try to get your attention by looking at your face and / or making sounds?	<input type="checkbox"/>	<input type="checkbox"/>
Make sounds and smile in response to your facial expressions and sounds?	<input type="checkbox"/>	<input type="checkbox"/>

BY NINE MONTHS

Does your child:	Yes	No
Reach out to be picked up?	<input type="checkbox"/>	<input type="checkbox"/>
Respond to her/his name?	<input type="checkbox"/>	<input type="checkbox"/>
Make speech-like sounds? (baba, gaga)	<input type="checkbox"/>	<input type="checkbox"/>
Babble tunefully (sing-song voice) while playing alone?	<input type="checkbox"/>	<input type="checkbox"/>
Turn to where a voice spoken word is coming from?	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being played with and does he/she take turns making sounds back and forth?	<input type="checkbox"/>	<input type="checkbox"/>
Understand no?	<input type="checkbox"/>	<input type="checkbox"/>

BY TWELVE MONTHS

Does your child:	Yes	No
Use a finger to point out things to you	<input type="checkbox"/>	<input type="checkbox"/>
Imitate or use gestures like waving bye-bye?	<input type="checkbox"/>	<input type="checkbox"/>
Let you know what he/she wants by using a combination of sounds and actions?	<input type="checkbox"/>	<input type="checkbox"/>
Bring you toys he/she wants to show you and/or play with?	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy playing games like Peek-a-boo and Pat-a-cake and will he/she sometimes start the game?	<input type="checkbox"/>	<input type="checkbox"/>
Understand some simple phrases? (Come here. Don't touch.)	<input type="checkbox"/>	<input type="checkbox"/>

BY FIFTEEN MONTHS

Does your child:

- | | | |
|---|--------------------------|--------------------------|
| Usually look at you when communicating? | <input type="checkbox"/> | <input type="checkbox"/> |
| Repeat words he/she hears? | <input type="checkbox"/> | <input type="checkbox"/> |
| Seem to be talking in sentences but not using real words? | <input type="checkbox"/> | <input type="checkbox"/> |
| Say one or two words? | <input type="checkbox"/> | <input type="checkbox"/> |
| Understand some simple questions and commands? (Go get a diaper. Where's the ball?) | <input type="checkbox"/> | <input type="checkbox"/> |

BY EIGHTEEN MONTHS

Does your child:

- | | | |
|---|--------------------------|--------------------------|
| Point, look at you, and then at what he/she is talking about? | <input type="checkbox"/> | <input type="checkbox"/> |
| Use the word no? | <input type="checkbox"/> | <input type="checkbox"/> |
| Say about ten or more words? | <input type="checkbox"/> | <input type="checkbox"/> |
| Understand and use the names of familiar objects? (light, ball, bed, car) | <input type="checkbox"/> | <input type="checkbox"/> |
| Sometimes answer the question: What's this? | <input type="checkbox"/> | <input type="checkbox"/> |
| Take turns when playing with a partner? | <input type="checkbox"/> | <input type="checkbox"/> |
| Use toys for pretend play? | <input type="checkbox"/> | <input type="checkbox"/> |

BY TWO YEARS

Does your child:

- | | | |
|--|--------------------------|--------------------------|
| Point to some body parts? | <input type="checkbox"/> | <input type="checkbox"/> |
| Use descriptive words? (hungry, big, hot) | <input type="checkbox"/> | <input type="checkbox"/> |
| Use two word combinations? (Me go. More cookie.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Ask questions like: What dat? | <input type="checkbox"/> | <input type="checkbox"/> |
| Enjoy listening to simple stories? | <input type="checkbox"/> | <input type="checkbox"/> |

BY THREE YEARS

Does your child:

- | | | |
|---|--------------------------|--------------------------|
| Follow two-part directions? (Go to the kitchen and get your cup.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Participate in short conversations? | <input type="checkbox"/> | <input type="checkbox"/> |
| Use sentences of three words or more to communicate? | <input type="checkbox"/> | <input type="checkbox"/> |
| Talk about something that happened in the past? | <input type="checkbox"/> | <input type="checkbox"/> |
| Ask why questions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do people outside the family understand one half of what he/she says? | <input type="checkbox"/> | <input type="checkbox"/> |

BY FOUR YEARS

Does your child:

- | | | |
|---|--------------------------|--------------------------|
| Talk in whole sentences using adult-like grammar? | <input type="checkbox"/> | <input type="checkbox"/> |
| Tell a story that is easy to follow? | <input type="checkbox"/> | <input type="checkbox"/> |
| Ask many questions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Answer who, how, how many questions? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| Use I, me, you, he and she properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| Start a conversation and continue it, staying on the same topic? | <input type="checkbox"/> | <input type="checkbox"/> |
| Use language to create pretend situations when playing with others? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does people outside the family understand more than 3/4 of what the child says? | <input type="checkbox"/> | <input type="checkbox"/> |

BY FIVE YEARS

Does your child:

- | | | |
|---|--------------------------|--------------------------|
| Explain how an object can be used? | <input type="checkbox"/> | <input type="checkbox"/> |
| Answer when and why questions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Talk about past, future, and imaginary events? | <input type="checkbox"/> | <input type="checkbox"/> |
| Participate in long, detailed conversations? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do people outside the family understand most of what he/she says? | <input type="checkbox"/> | <input type="checkbox"/> |

REFER ANY CHILD...

- If you are concerned about her/his speech/language/hearing* development.
- If her/his speech and language skills have not improved over the past six months.
- Who often repeats sound and/or words (stuttering).
- Whose voice sounds different/odd to you.
- Whose play or social interactions seem inappropriate.
- With a diagnosis such as cleft lip/palate, hearing loss, PDD/Autism, developmental delay (who is not receiving services).

*** Please refer to an audiologist for any concerns about hearing.**