



**Child Communication Checklist**

**Child's Name:** ..... **DOB:** .....

**Person completing form:** .....

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**SPEECH**

- ☐ Do others find it difficult to understand the child?
- ☐ Does the child leave out or substitute sounds within words?
- ☐ Is the child unable to pronounce certain sounds?

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**LANGUAGE**

- ☐ Does the child use short disjointed sentences?
- ☐ Does the child change or omit grammar (e.g. plurals, pronouns he/she) from their sentences?

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**FLUENCY**

- ☐ Does the child stutter?

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**FEEDING**

- ☐ Does the child have difficulty moving their tongue in various directions?
- ☐ Does the child cough during meals or when drinking?
- ☐ Is the child slow/messy/fussy when eating?

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**LISTENING**

- ☐ Do you need to repeat instructions given to the child?
- ☐ Does the child ask you to repeat yourself often?
- ☐ Does the child have trouble understanding concepts such as up/down, before/after, over/under?

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**LITERACY**

- ☐ Is the child behind or below average with their phonics/reading/spelling?
- ☐ Does the child comprehend written language?
- ☐ Does the child have difficulty rhyming and identifying syllables in words?
- ☐ Is the child able to name many words beginning with the same sound?

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**SOCIAL SKILLS AND BEHAVIOUR**

- ☐ Does the child have trouble focussing on tasks?
- ☐ Does the child struggle to develop peer relationships?
- ☐ Does the child have restricted interests e.g. repetitive play?
- ☐ Does the child have trouble expressing their emotions appropriately e.g. remaining calm when angry?

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If you answered YES to one or more of these questions the child could benefit from seeing a Speech Pathologist. Contact small TALK speech therapy to discuss the child's development and therapy options.