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## Speech/Language/Dysphagia by 5 years of age—Self Screening

Check the skills your child can demonstrate and then refer to the \* to determine if a formal evaluation is indicated at this time. If an evaluation is recommended than please contact you child's primary care physician and/or a local Speech Language Pathologist to schedule an evaluation.

### SPEECH/LANGUAGE SKILLS

- Follows directions using “in front, in back, next to, under”
- Understands “long vs. short” (show me who has long hair)
- Understands “full vs. empty” (which cup is full?)
- Can point to 2 different shapes when named (square, circle, triangle)
- Repeats a 5 word sentence (They are washing the dog)
- Correctly uses “he and she” correctly
- Can count up to 10
- Uses sentences with 4-8 words
- Gives definitions for words (What's a book?)
- Names 6 different colors

**\*Refer to a Speech Language Pathologist if the child has less than 8 items checked.**

### ARTICULATION/SPEECH

Check if the child can produce each sound correctly:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> m as in “my”    | <input type="checkbox"/> m as in “home”  | <input type="checkbox"/> b as in “boy”  | <input type="checkbox"/> b as in “tub”   |
| <input type="checkbox"/> p as in “pop”   | <input type="checkbox"/> p as in “hop”   | <input type="checkbox"/> h as in “hi”   | <input type="checkbox"/> w as in “we”    |
| <input type="checkbox"/> t as in “two”   | <input type="checkbox"/> t as in “hot”   | <input type="checkbox"/> d as in “dog”  | <input type="checkbox"/> d as in “mud”   |
| <input type="checkbox"/> k as in “key”   | <input type="checkbox"/> k as in “cake”  | <input type="checkbox"/> g as in “go”   | <input type="checkbox"/> l as in “ball”  |
| <input type="checkbox"/> f as in “fun”   | <input type="checkbox"/> f as in “knife” | <input type="checkbox"/> y as in “yes”  | <input type="checkbox"/> j as in “badge” |
| <input type="checkbox"/> v as in “van”   | <input type="checkbox"/> v as in “shave” | <input type="checkbox"/> l as in “look” |  |
| <input type="checkbox"/> sh as in “shoe” | <input type="checkbox"/> sh as in “push” | <input type="checkbox"/> j as in “jump” |  |

**\*Refer to a Speech Language Pathologist if the child has less than 23 items checked.**

### FEEDING/DYSPHAGIA SKILLS

- Consumes a variety of meats, vegetables, fruits and liquids
- No choking or gagging while eating or drinking

**\*Refer to a Speech Language Pathologist if the child has less than 2 items checked.**

Developed by Tracy Barnes MS CCC-SLP, Capitol City Speech Therapy 2004.