

Speech, Language & Communication Observation Checklist

Child's Name & Age:

Attention & Listening

☐ _____

☐ _____

☐ _____

☐ _____

Understanding

☐ _____

☐ _____

☐ _____

☐ _____

Social Interactions

☐ _____

☐ _____

☐ _____

☐ _____

Speech Sounds

☐ _____

☐ _____

☐ _____

☐ _____

Using Language

☐ _____

☐ _____

☐ _____

☐ _____

Other

☐ _____

☐ _____

☐ _____

☐ _____

Completed by:

Role: Speech & Language Therapist/ Assistant