

**Parent Observation Checklist**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

How does your child communicate? \_\_\_\_\_ gestures/ pointing \_\_\_\_\_ words \_\_\_\_\_ phrases  
\_\_\_\_\_ sentences \_\_\_\_\_ sign Language \_\_\_\_\_ Augmentative Communication Device

	Yes	No	Occasionally	COMMENTS
<b>Receptive Language</b>	<b>Y</b>	<b>N</b>	<b>O</b>	
Follows simple routine directions at home				
Follows simple directions with location (Put shoes in the closet)				
Hands the correct item when asked ("Give me the ball.")				
Follows 2-step related directions ("Get Kleenex and wipe you nose")				
Understands the meaning of "no"				
Points to common objects in environment/books when named by parents				
<b>Expressive Language:</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>COMMENTS</b>
Verbally communicates wants/needs (I want..., give me...)				
Verbally communicates to protest non-desired activities (I don't want...)				
Asks for help when needed.				
Answers factual "yes/no" questions correctly ("Are you a boy? Is this a chair?")				
Answers preferential "yes/no" questions correctly ("Do you want cookie?")				
Names familiar objects in the environment/books				
Names actions ("sleep," "eat," "drink")				
Produces simple sentences of 3-4 words				
Names objects and items when asked <i>what</i> questions				
Answers "where" questions with location/place (in, on, under etc.)				
Uses correct grammar				
Can retell a short story				
Can remember and tell what has happened in the past				
<b>Pragmatics/Social Language)</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>COMMENTS</b>
Responds when name is called by stopping activity and turning towards the speaker				
Acknowledges others' presence by greeting them and/or				

responding to their greeting				
Shows affection towards familiar people				
Initiates play and communication with adults				
Initiates play and communication with peers				
Imitates actions of others				
Brings objects of interest to others to show				
Comments when sees familiar or unusual things				
When talking to someone, focuses on listener/ makes eye contact				
Focuses on the speaker/listens politely/makes eye contact				
Waits For his/her turn in conversation and doesn't interrupt others when they are talking				
Has appropriate different facial expressions reflecting feelings when listening to someone or talking to someone (during story time etc.)				
Asks and answers questions appropriately				
Understands and stays within his/her personal space				
Changes tone of voice to indicate excitement/anger and other feelings				
Changes tone of voice when asking questions (even when not using full sentence, e.g., "water?")				
Knows when not understood by others				
Can tell and indicate which body part is hurting				
Stops doing undesired actions when asked by parent				
Easily redirects from one activity to another with assistance				
<b>Articulation</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>COMMENTS</b>
Child's speech is difficult to understand by familiar people				
Child's speech is difficult to understand by unfamiliar people				
Speech becomes more understandable when asked to repeat what you could not understand				
Speech become clearer when asked to repeat after the parent says word/phrase/sentence				
Gets frustrated when not understood				
Is aware of his/her difficulties				
Avoids talking or making friends because of his/her speech difficulty				
Speech difficulty hinders his/her educational performance				
How much do you can understand what your child is saying?	___ little (25%) ___ half the time (50%) ___ mostly (75%) ___ almost all the time (100%)			
<b>Voice</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>COMMENTS</b>
Uses unusually high or low volume to communicate				
Appears to have a nasal sound quality				
Appears to have a hoarse voice quality				
Clears his/her throat or cough frequently				

Fluency	Y	N	O	COMMENTS
Noticeably repeat sounds, words or phrases while communicating				
Noticeably gets stuck on certain sounds, words or phrases				
Strains to get sounds/words out				
Avoids looking at the speaker when communicating?				

Please feel free to add any other observations or concerns:

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Completed by: \_\_\_\_\_

Date: \_\_\_\_\_