

ALEXIUS M. BISHOP, M.D., P.S.C.  
PEDIATRIC AND ADOLESCENT MEDICINE

### 5 YEAR SPEECH AND LANGUAGE ASSESSMENT

Please respond to the following items by marking a “+” if your child exhibits the behavior and a “-“if your child does not exhibit the behavior. This information will assist your child’s pediatrician in performing a comprehensive evaluation of his/her language development.

- \_\_\_ 1. Does your child speak in sentences containing approximately 5 to 6 words?
- \_\_\_ 2. Does your child say all sounds correctly with the possible exception of /s/, /l/, /r/, th?
- \_\_\_ 3. Does your child use his/her imagination to create stories?
- \_\_\_ 4. Does your child understand time sequence (what happened first, second, third, etc)?
- \_\_\_ 5. Can your child count to 10 from memory?
- \_\_\_ 6. Does your child carry on long, involved conversations?
- \_\_\_ 7. Does your child ask what certain words mean?
- \_\_\_ 8. Does your child recognize most colors and shapes?
- \_\_\_ 9. Can your child say his/her name and address?
- \_\_\_ 10. Does your child understand rhyming words?

Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

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