

Refer to a Speech Language Pathologist if the child **DOES NOT**:

## 12 months

- Babble or coo during play
- Point or use gestures (wave bye, shake head yes/no)
- Consistently respond to name
- Imitate gestures or actions

## 18 months

- Use 15 or more words
- Imitate words consistently
- Wave or say “bye bye”
- Respond to simple directions (Come here, Give me the shoe)
- Understand names of common objects
- Point to at least one body part

## 24 months

- Use at least 50 words
- Put two words together ( “More juice” “No cookie”)
- Respond to simple questions (“Where’s the ball?”)
- Point to objects upon command consistently
- Point to at least 3 body parts
- 50% of what is said is understood

## 36 months

- Combines three to four words to make simple sentence
- Answers yes/no questions consistently
- Answers simple who, what, where questions
- Follows two step directions consistently
- 75% of what is said is understood

## 48 months

- Produce 5-6 word sentences
- Tells story with beginning, middle and end
- Follows three step directions consistently
- 90% of what is said is understood

## 60 months

- Use complete sentences that are grammatically correct and that give lots of detail
- Answer how and why questions or questions about past or future events
- No sound production errors



## Review of RED FLAGS for Developing Speech and Language:

- Little sound play or babbling as infant
- No babbling, pointing, or gesturing by 12 months
- Poor verbal imitation skills by 12 months
- No response to name by 15 months
- No single words by 16 months
- No response to directions or questions by 24 months
- No spontaneous 2 word phrases by 27 months
- Missed “language explosion” by 30 months
- No eye contact or response to sounds
- Limited number of consonant sounds or vowel distortions by 24 months: low intelligibility for toddler (24-36 months)
- Small vocabulary for age: not much variety
- ANY REGRESSION IN SPEECH, LANGUAGE, OR SOCIAL SKILLS AT ANY AGE

### Risk Factors:

- Family history of speech and language disorder
- Medical history of chronic otitis media with effusion
- Limited or poor parental interactions
- Motor disorders/muscle weakness
- Limited exposure to environmental language stimulus

### Criteria that DO NOT increase risk:

- Two languages spoken in the home.
- Birth order
- Gender (well, he’s a boy.....)

 ALWAYS REFER A CHILD WHO STUTTERS OR EXPERIENCES SWALLOWING DIFFICULTY!

### References:

*How Does Your Child Hear and Talk?* American Speech-Language-Hearing Association,

<http://www.asha.org/public/speech/development/chart.htm>

*Language Development in Children*, Child Development Institute,

[http://childdevelopmentinfo.com/child-development/language\\_development/](http://childdevelopmentinfo.com/child-development/language_development/)