

Pre-Referral Checklist for Communication Impairments

Signs that a child may have a Communication Problem
(Speech and/or Language)

<input type="checkbox"/> Omits word endings	<input type="checkbox"/> Does not develop forms such as plurals, past tense verbs, complex verb forms, or other grammar forms at the age that most other children do
<input type="checkbox"/> Omitting the last sound of a word (“how” for “house”)	<input type="checkbox"/> Substituting one sound for another (“pork” for “fork” or “toup” for “soup”)
<input type="checkbox"/> Omitting one sound from a consonant blend (“nake” for “snake”)	<input type="checkbox"/> Child’s speech is unclear and unintelligible
<input type="checkbox"/> Speech is not understood by others	<input type="checkbox"/> Speech is more understandable to the family than to friends or strangers
<input type="checkbox"/> Has to repeat words or phrases when talking with a person outside the family	<input type="checkbox"/> Difficulty understanding words
<input type="checkbox"/> Difficulty choosing words to express ideas	<input type="checkbox"/> Does not talk
<input type="checkbox"/> Substitutes one word for another word with a similar meaning, or for a word that sounds similar	<input type="checkbox"/> May use vocabulary more typical of a younger child
<input type="checkbox"/> May repeat words or syllables	<input type="checkbox"/> Difficulty understanding or using concept words (such as in, at, big, hot, etc.)
<input type="checkbox"/> Difficulty with both language form and content	<input type="checkbox"/> Difficulty understanding questions or conversations directed toward them, may respond incorrectly or inappropriately
<input type="checkbox"/> Does not use language for the variety of purposes and in the variety of situations available	<input type="checkbox"/> Relies on non-verbal or limited means of communicating
<input type="checkbox"/> Rarely asks questions	<input type="checkbox"/> Does not seem to take turns in conversations
<input type="checkbox"/> Does not make speech sounds correctly	<input type="checkbox"/> Has problems with swallowing
<input type="checkbox"/> Hoarse voice	<input type="checkbox"/> Weak and breathy voice
<input type="checkbox"/> Talking at the wrong pitch	<input type="checkbox"/> Frequent coughing or throat clearing
<input type="checkbox"/> Constant loud talking	<input type="checkbox"/> Hoarseness or vocal strain that lasts for more than two weeks
<input type="checkbox"/> Difficulty saying sounds, words, phrases in a smooth flow (e.g. stuttering)	<input type="checkbox"/> Has problems repeating a syllable, a phrase, or a whole sentence
<input type="checkbox"/> Prolongs a sound	<input type="checkbox"/> Often says “uh” along with repetitions or prolongations
<input type="checkbox"/> Blinks or squeezes the eyes shut while trying to say a word	<input type="checkbox"/> Voice may sound tense