



## Speech Development Checklist (5-6 Years)

**Instructions:** Answer all questions up to your child’s current age bracket by answering ‘Yes’ on ‘No’.

**Interpretation:** If you check 2 or more boxes within each domain with a ‘Yes’ contact Moving Mountains Therapy Center at 406-396-4130 phone as your child may benefit from further evaluation.

Does your child have **difficulty** with:

| Play and Social Skills  | YES | NO |
|---|-----|----|
| Playing with other children with shared aims within play.               |     |    |
| Taking turns with other children.                                       |     |    |
| Engaging in well-organized play.  |     |    |
| Speech and Sound Skill  | YES | NO |
| Using How & When questions.   |     |    |
| Using comparative –er and superlative -est (e.g. big, bigger, biggest). |     |    |
| Using adverb –ly (e.g. quickly, slowly, quietly).                       |     |    |
| Using irregular plurals (e.g. mice, children, men).                     |     |    |
| Using irregular past tense (e.g. fell, broke, ate).                     |     |    |

If you are concerned, please contact us to schedule an evaluation to assess need for speech therapy services.

**Moving Mountains Therapy Center**  
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This checklist was designed to serve as a functional *screening* of developmental skills per age group. It does *not* constitute an assessment nor reflect strictly standardized research.