Child’s name: DOB: **Speech Sound Assessment** Date:

**Please use this if you have concerns about the child’s speech clarity. Please complete all sections:**

1. **Tick if child says word correctly.**
2. **Write out how child is saying word.**
3. **Indicate if child did not know word and needed adult to say the word for him / her to copy.**
4. **Are vowels correct**? Yes / No

|  |  |
| --- | --- |
| spoon |  |
| blue |  |
| flower |  |
| scarf |  |
| crayon |  |
| train |  |
| caterpillar |  |
| computer |  |
| banana |  |
| biscuit |  |
| helicopter |  |
| animals |  |
| umbrella |  |
| chocolate |  |
| dinosaur |  |
| butterfly |  |

1. **Fill in form below**:

|  |  |
| --- | --- |
| mouse |  |
| nose |  |
| park |  |
| boat |  |
| car |  |
| go |  |
| fish |  |
| sun |  |
| shell |  |
| chip |  |
| jelly |  |
| lorry |  |
| zip |  |
| dog |  |
| baby |  |
| tap |  |
| red |  |
| leaf |  |