

Figure 2. Infant / Toddler Checklist For Communication And Language Development

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Child's Name: _____ Date of Birth: _____
 Filled out by: _____ Date filled out: _____

Instructions for Caregivers: This checklist is designed to identify different aspects of development in infants and toddlers. Many behaviors that develop before children talk may indicate whether or not a child will have difficulty learning to talk. This checklist should be completed by a caregiver when the child is between **6 and 24 months of age** to determine whether a referral for an evaluation is needed. The caregiver may be either a parent or other person who nurtures the child daily. Please check all the choices that best describe your child's behavior. If you are not sure, please choose the closest response based on your experience. **Children at your child's age are not necessarily expected to be able to do all the behaviors listed.**

Emotion and Use of Eye Gaze

- | | | | |
|---|----------------------------------|------------------------------------|--------------------------------|
| 1. Do you know when your child is happy and when your child is upset? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 2. When your child plays with toys, does he/she look at you to see if you are watching? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 3. Does your child smile or laugh while looking at you? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 4. When you look at and point to a toy across the room, does your child look at it? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |

Use of Communication

- | | | | |
|--|----------------------------------|------------------------------------|--------------------------------|
| 5. Does your child let you know that he/she needs help or wants an object out of reach? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 6. When you are not paying attention to your child, does he/she try to get your attention? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 7. Does your child do things just to get you to laugh? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 8. Does your child try to get you to notice interesting objects—just to get you to look at the objects, not to get you to do anything with them? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |

Use of Gestures

- | | | | |
|--|----------------------------------|------------------------------------|--------------------------------|
| 9. Does your child pick up objects and give them to you? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 10. Does your child show objects to you without giving you the object? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 11. Does your child wave to greet people? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 12. Does your child point to objects? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 13. Does your child nod his/her head to indicate yes? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |

Use of Sounds

- | | | | | | |
|---|----------------------------------|------------------------------------|--------------------------------|------------------------------|---------------------------------|
| 14. Does your child use sounds or words to get attention or help? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | | |
| 15. Does your child string sounds together, such as uh oh, mama, gaga, bye bye, bada? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | | |
| 16. About how many of the following consonant sounds does your child use:
ma, na, ba, da, ga, wa, la, ya, sa, sha? | <input type="checkbox"/> None | <input type="checkbox"/> 1-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5-8 | <input type="checkbox"/> over 8 |

Understanding of Words

- | | | | | | |
|---|----------------------------------|------------------------------------|--------------------------------|--------------------------------|----------------------------------|
| 17. When you call your child's name, does he/she respond by looking or turning toward you? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | | |
| 18. About how many different words or phrases does your child understand without gestures? For example, if you say "where's your tummy", "where's daddy", "give me ball", or "come here", without showing or pointing, your child will respond appropriately. | <input type="checkbox"/> None | <input type="checkbox"/> 1-3 | <input type="checkbox"/> 4-10 | <input type="checkbox"/> 11-30 | <input type="checkbox"/> over 30 |

Use of Words

- | | | | | | |
|--|----------------------------------|------------------------------------|--------------------------------|--------------------------------|----------------------------------|
| 19. About how many different words does your child use meaningfully that you recognize (such as baba for bottle; gaggie for doggie)? | <input type="checkbox"/> None | <input type="checkbox"/> 1-3 | <input type="checkbox"/> 4-10 | <input type="checkbox"/> 11-30 | <input type="checkbox"/> over 30 |
| 20. Does your child put two words together (such as more cookie; bye-bye daddy)? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | | |

Use of Objects

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|---|--|------------------------------------|-------------------------------------|---|---------------------------------|
| 21. Does your child show interest in playing with a variety of objects? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | | |
| 22. About how many of the following objects does your child use appropriately:
cup, bottle, bowl, spoon, comb or brush, toothbrush, washcloth, ball, toy vehicle, toy telephone? | <input type="checkbox"/> None | <input type="checkbox"/> 1-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5-8 | <input type="checkbox"/> over 8 |
| 23. About how many blocks (or rings) does your child stack? | Stacks: <input type="checkbox"/> None | <input type="checkbox"/> 2 blocks | <input type="checkbox"/> 3-4 blocks | <input type="checkbox"/> 5 or more blocks | |
| 24. Does your child pretend to play with toys (such as feed a stuffed animal, put a doll to sleep, put an animal figure in a vehicle). | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | | |

Figure 2. Infant / Toddler Checklist For Communication And Language Development (Continued)
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Scoring The Checklist

Give credit of 0 points for items checked *Not Yet*, 1 point for items checked *Sometimes*, or 2 points for items checked *Often*. For items that describe a series of numbers or ranges, give credit of 0 points for items checked *None* and 1 to 4 points for items containing numbered choices. For example, for item 16, give credit of 0 points for none, 1 point for 1 or 2, 2 points for 3 or 4, 3 points for 3 to 8, and 4 points for more than 8. The total possible points for each for each cluster is listed in the box at right. The number of points earned in each cluster should be totaled to yield seven individual cluster scores. The seven cluster scores should be totaled to yield a total score.

Emotion and Use of Eye Gaze	8 possible points	Four 0-to-2 point questions
Use of Communication	8 possible points	Four 0-to-2 point questions
Use of Gestures	10 possible points	Five 0-to-2 point questions
Use of Sounds	8 possible points	Two 0-to-2 point questions one 0-to-4 point question
Understanding of Words	6 possible points	Two 0-to-2 point questions one 0-to-4 point question
Use of Words	6 possible points	Two 0-to-2 point questions one 0-to-4 point question
Use of Objects	11 Possible points	Two 0-to-2 point questions, one 0-to-3 point question, & one 0-to-4 point question
TOTAL – 57 possible points		

Cutoff Scores For The CSBS-DP

		Emot/Gaze	Comm	Gestures	Sounds	Underst	Words	Objects	TOTAL
6 months	No Concern	5 to 8	2 to 8	0 to 10	2 to 8	1 to 6	0 to 6	1 to 11	13 to 57
	Concern	0 to 4	0 to 1		0 to 1	0		0	0 to 12
7 months	No Concern	5 to 8	2 to 8	0 to 10	3 to 8	1 to 6	0 to 6	1 to 11	15 to 57
	Concern	0 to 4	0 to 1		0 to 2	0		0	0 to 14
8 months	No Concern	5 to 8	3 to 8	1 to 10	4 to 8	2 to 6	0 to 6	2 to 11	19 to 57
	Concern	0 to 4	0 to 2	0	0 to 3	0 to 1		0 to 1	0 to 18
9 months	No Concern	6 to 8	3 to 8	1 to 10	4 to 8	2 to 6	0 to 6	2 to 11	19 to 57
	Concern	0 to 5	0 to 2	0	0 to 3	0 to 1		0 to 1	0 to 18
10 months	No Concern	6 to 8	3 to 8	2 to 10	4 to 8	2 to 6	0 to 6	3 to 11	21 to 57
	Concern	0 to 5	0 to 2	0 to 1	0 to 3	0 to 1		0 to 2	0 to 20
11 months	No Concern	6 to 8	4 to 8	3 to 10	5 to 8	2 to 6	0 to 6	3 to 11	26 to 57
	Concern	0 to 5	0 to 3	0 to 2	0 to 4	0 to 1		0 to 2	0 to 25
12 months	No Concern	6 to 8	4 to 8	4 to 10	5 to 8	3 to 6	1 to 6	4 to 11	27 to 57
	Concern	0 to 5	0 to 3	0 to 3	0 to 4	0 to 2	0	0 to 3	0 to 26
13 months	No Concern	6 to 8	4 to 8	5 to 10	5 to 8	3 to 6	1 to 6	5 to 11	31 to 57
	Concern	0 to 5	0 to 3	0 to 4	0 to 4	0 to 2	0	0 to 4	0 to 30
14 months	No Concern	6 to 8	5 to 8	6 to 10	5 to 8	3 to 6	1 to 6	5 to 11	33 to 57
	Concern	0 to 5	0 to 4	0 to 5	0 to 4	0 to 2	0	0 to 4	0 to 32
15 months	No Concern	6 to 8	5 to 8	6 to 10	5 to 8	3 to 6	2 to 6	6 to 11	35 to 57
	Concern	0 to 5	0 to 4	0 to 5	0 to 4	0 to 2	0 to 1	0 to 5	0 to 34
16 months	No Concern	6 to 8	5 to 8	7 to 10	6 to 8	4 to 6	3 to 6	7 to 11	37 to 57
	Concern	0 to 5	0 to 4	0 to 6	0 to 5	0 to 3	0 to 2	0 to 6	0 to 36
17 months	No Concern	7 to 8	6 to 8	7 to 10	6 to 8	4 to 6	3 to 6	7 to 11	39 to 57
	Concern	0 to 6	0 to 5	0 to 6	0 to 5	0 to 3	0 to 2	0 to 6	0 to 38
18 months	No Concern	7 to 8	6 to 8	7 to 10	6 to 8	4 to 6	3 to 6	8 to 11	39 to 57
	Concern	0 to 6	0 to 5	0 to 6	0 to 5	0 to 3	0 to 2	0 to 7	0 to 38
19 months	No Concern	7 to 8	6 to 8	7 to 10	7 to 8	4 to 6	3 to 6	8 to 11	39 to 57
	Concern	0 to 6	0 to 5	0 to 6	0 to 6	0 to 3	0 to 2	0 to 7	0 to 38
20 months	No Concern	7 to 8	6 to 8	7 to 10	7 to 8	4 to 6	3 to 6	8 to 11	39 to 57
	Concern	0 to 6	0 to 5	0 to 6	0 to 6	0 to 3	0 to 2	0 to 7	0 to 38
21 months	No Concern	7 to 8	6 to 8	7 to 10	7 to 8	5 to 6	3 to 6	9 to 11	41 to 57
	Concern	0 to 6	0 to 5	0 to 6	0 to 6	0 to 4	0 to 2	0 to 8	0 to 40
22 months	No Concern	7 to 8	6 to 8	7 to 10	7 to 8	5 to 6	4 to 6	9 to 11	43 to 57
	Concern	0 to 6	0 to 5	0 to 6	0 to 6	0 to 4	0 to 3	0 to 8	0 to 42
23 months	No Concern	7 to 8	6 to 8	7 to 10	7 to 8	5 to 6	4 to 6	9 to 11	43 to 57
	Concern	0 to 6	0 to 5	0 to 6	0 to 6	0 to 4	0 to 3	0 to 8	0 to 42
24 months	No Concern	7 to 8	6 to 8	7 to 10	7 to 8	5 to 6	5 to 6	9 to 11	43 to 57
	Concern	0 to 6	0 to 5	0 to 6	0 to 6	0 to 4	0 to 4	0 to 8	0 to 42
		Emot/Gaze	Comm	Gestures	Sounds	Underst	Words	Objects	TOTAL