

Bury Paediatric Speech and Language Therapy Speech Sound Screen

Child's name: _____ Date of Birth: _____ Age: ____ Years ____ Months

Date of Screen: _____ Educational Placement: _____

- Put a ✓ if the child produces the highlighted sound correctly
- Put a - if the child misses out the highlighted sound
- If the child changes the sound, make a note of this in the box i.e. "tat" for 'cat' – Place a /t/ in the box

	Initial	Middle	Final
p	P ig	A pple	S heep
b	B all	T able	W eb
m	M ouse	T omato	T humb
n	N ose	H oney	L ion
w	W indow	T ower	
h	H ouse		
t	T eddy	L etter	H at
d	D oll	C andle	B ed
k	K ey	M onkey	B ike
g	G irl	T iger	l og
ng		F inger	R ing
y	Y oghurt		
f	F ish	D olphin	K nife
v	V an	T elevision	F ive
s	S ock	C astle	H orse
l	L eaf	B alloon	B ell
sh	S hoe	T -shirt	W ash
ch	C heese	K etchup	S andwich
j	J elly	P igeon	P age
r	R ocket	M irror	
sp	S poon		
st	S tar		
sk	S carf		
sm	S mile		
sn	S nake		
sw	S weets		
sl	S lide		

Any other comments?

