

FIRST WORDS CHECKLIST



NAME:

AGE:

DATE:

GREETINGS/REQUESTS

- | | | | |
|-----------------------------------|------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Mom/mama | <input type="checkbox"/> Please | <input type="checkbox"/> All done | <input type="checkbox"/> Sorry |
| <input type="checkbox"/> Dad/dada | <input type="checkbox"/> Thank you | <input type="checkbox"/> More | <input type="checkbox"/> |
| <input type="checkbox"/> Hi | <input type="checkbox"/> Yes | <input type="checkbox"/> Vehicle sounds | <input type="checkbox"/> |
| <input type="checkbox"/> Bye | <input type="checkbox"/> No | <input type="checkbox"/> Animal sounds | <input type="checkbox"/> |

VERBS

- | | | | |
|-------------------------------|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Stop | <input type="checkbox"/> Open | <input type="checkbox"/> In | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Go | <input type="checkbox"/> Walk | <input type="checkbox"/> Out | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Help | <input type="checkbox"/> Run | <input type="checkbox"/> Up | <input type="checkbox"/> |
| <input type="checkbox"/> Want | <input type="checkbox"/> Play | <input type="checkbox"/> Down | <input type="checkbox"/> |

FOOD/DRINKS

- | | | | |
|----------------------------------|--------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Eat | <input type="checkbox"/> Water | <input type="checkbox"/> Banana | <input type="checkbox"/> Bottle/cup |
| <input type="checkbox"/> Drink | <input type="checkbox"/> Milk | <input type="checkbox"/> Cookie | <input type="checkbox"/> Hot |
| <input type="checkbox"/> Hungry | <input type="checkbox"/> Juice | <input type="checkbox"/> Cracker | <input type="checkbox"/> Cold |
| <input type="checkbox"/> Thirsty | <input type="checkbox"/> Apple | <input type="checkbox"/> Chip | <input type="checkbox"/> |

OBJECTS/PLAY BASED

- | | | | |
|----------------------------------|---------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Ball | <input type="checkbox"/> Doll | <input type="checkbox"/> Blanket | <input type="checkbox"/> Shoes |
| <input type="checkbox"/> Bed | <input type="checkbox"/> Bottle | <input type="checkbox"/> Socks | <input type="checkbox"/> Diaper |
| <input type="checkbox"/> Book | <input type="checkbox"/> Cup | <input type="checkbox"/> Shirt | <input type="checkbox"/> Big |
| <input type="checkbox"/> Bubbles | <input type="checkbox"/> Bath | <input type="checkbox"/> Pants | <input type="checkbox"/> Small |

Key: *sign ✓verbal