Parent Tracking Sheets

Simple Tools for Tracking Receptive Language Goals

TRACKING SHEET 1: DAILY CHECK-OFF

"Did My Child Do It?" Tracker

Child's Name: _____ Week of: _____

Goal: When I say _____, my child will _____ at least _____ times per day.

What I'm Tracking	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Notes
Morning - Did it?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Afternoon - Did it?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Evening - Did it?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Daily Total	___/3	___/3	___/3	___/3	___/3	___/3	___/3	

Week Total: _____ Yes out of _____ Tries = _____%

TRACKING SHEET 2: OBJECT IDENTIFICATION

"What Does My Child Know?" Tracker

Child's Name: _____   Date Started: _____

Instructions: Show your child 3 objects. Say "Where's the _____?" Mark if they look at or touch the right one.

Object	Week 1	Week 2	Week 3	Week 4	Notes
Cup	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Ball	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Shoe	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Book	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Spoon	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Car	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Dog/Pet	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Block	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Bottle	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	
Blanket	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐	

Check each box when child identifies correctly. Goal: 4 out of 5 boxes checked for each object.

TRACKING SHEET 3: FOLLOWING DIRECTIONS

"Can Do" Direction Tracker

Child's Name: _____   Month: _____

Circle YES or NO each time you give the direction. Goal: More YES than NO by end of month!

Direction	Date: ___	Date: ___	Date: ___	Date: ___	Date: ___
"Come here"	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
"Sit down"	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
"Stand up"	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
"Give me"	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
"Stop"	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
"Look"	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
"Open"	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
"Close"	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
"Get _____"	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
"Clean up"	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

This Week's Best: _____   Still Working On: _____

TRACKING SHEET 4: ROUTINE WORDS

Daily Routine Comprehension Tracker

Child's Name: _____   Week of: _____

When I say the word, does my child show they understand? (look, move, get excited)

Routine Word	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
"Bath"	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
"Eat" / "Hungry"	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
"Outside"	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
"Night-night"	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
"Diaper"	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
"Car" / "Go"	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A

Signs my child understands: ☐ Looks toward area ☐ Gets excited ☐ Moves toward ☐ Gets object ☐ Stops what they're doing

TRACKING SHEET 5: BODY PARTS

"Point to Your..." Tracker

I'VE
GOT
THIS
KID

Child's Name: _____ Goal: 3 out of 5 body parts by: _____

Ask "Where's your [body part]?" Check if child touches or points correctly.

Body Part	Try 1	Try 2	Try 3	Try 4	Try 5	Success Rate
Nose	☐	☐	☐	☐	☐	___/5
Eyes	☐	☐	☐	☐	☐	___/5
Mouth	☐	☐	☐	☐	☐	___/5
Tummy	☐	☐	☐	☐	☐	___/5
Feet	☐	☐	☐	☐	☐	___/5
Hands	☐	☐	☐	☐	☐	___/5
Hair	☐	☐	☐	☐	☐	___/5
Ears	☐	☐	☐	☐	☐	___/5

Date started: _____   Date achieved 3/5: _____

TRACKING SHEET 6: PEOPLE NAMES

Family & Friends Recognition

I'VE GOT THIS KID

Child's Name: _____   Month: _____

Say "Where's [person]?" Does child look at or point to them?

Person	Week 1	Week 2	Week 3	Week 4
Mommy/Mama	M T W Th F S Su	M T W Th F S Su	M T W Th F S Su	M T W Th F S Su
Daddy/Dada	M T W Th F S Su	M T W Th F S Su	M T W Th F S Su	M T W Th F S Su
_____	M T W Th F S Su	M T W Th F S Su	M T W Th F S Su	M T W Th F S Su
_____	M T W Th F S Su	M T W Th F S Su	M T W Th F S Su	M T W Th F S Su
Pet: _____	M T W Th F S Su	M T W Th F S Su	M T W Th F S Su	M T W Th F S Su

Circle the days child correctly identified the person. Goal: 4+ days per week

TRACKING SHEET 7: ACTION WORDS

"Show Me How You..." Action Tracker

Child's Name: _____   Dates: _____

Say the action word WITHOUT showing child. Check if they try to do it.

Action Word	Date:____	Date:____	Date:____	Date:____	Date:____
Clap	✓ or X	✓ or X	✓ or X	✓ or X	✓ or X
Jump	✓ or X	✓ or X	✓ or X	✓ or X	✓ or X
Dance	✓ or X	✓ or X	✓ or X	✓ or X	✓ or X
Sit	✓ or X	✓ or X	✓ or X	✓ or X	✓ or X
Stand	✓ or X	✓ or X	✓ or X	✓ or X	✓ or X
Turn around	✓ or X	✓ or X	✓ or X	✓ or X	✓ or X
Stop	✓ or X	✓ or X	✓ or X	✓ or X	✓ or X
Go	✓ or X	✓ or X	✓ or X	✓ or X	✓ or X
Wave	✓ or X	✓ or X	✓ or X	✓ or X	✓ or X
Blow kiss	✓ or X	✓ or X	✓ or X	✓ or X	✓ or X

✓ = Did it!   X = Not yet   Goal: 5 out of 10 actions

TRACKING SHEET 8: TWO-STEP DIRECTIONS

Complex Direction Tracker (18+ months)

Child's Name: _____   Week of: _____

Give 2-step direction WITHOUT pointing or helping. Check both boxes if child does both parts.

Two-Step Direction	Monday	Tuesday	Wednesday	Thursday	Friday
"Get your shoes and bring them here"	☐ Got ☐ Brought	☐ Got ☐ Brought	☐ Got ☐ Brought	☐ Got ☐ Brought	☐ Got ☐ Brought
"Pick up the ball and give to me"	☐ Picked ☐ Gave	☐ Picked ☐ Gave	☐ Picked ☐ Gave	☐ Picked ☐ Gave	☐ Picked ☐ Gave
"Close the door and come sit"	☐ Closed ☐ Sat	☐ Closed ☐ Sat	☐ Closed ☐ Sat	☐ Closed ☐ Sat	☐ Closed ☐ Sat
"Get cup and put on table"	☐ Got ☐ Put	☐ Got ☐ Put	☐ Got ☐ Put	☐ Got ☐ Put	☐ Got ☐ Put

Success = Both boxes checked. Goal: 3 successes per week

TRACKING SHEET 9: MEALTIME COMPREHENSION

Eating Time Tracker

Child's Name: _____   Week of: _____

Mealtime Words	Breakfast	Lunch	Snack	Dinner	Success?
Monday					
"Take a bite"	Y / N	Y / N	Y / N	Y / N	___/4
"All done?"	Y / N	Y / N	Y / N	Y / N	___/4
"More?"	Y / N	Y / N	Y / N	Y / N	___/4
"Drink water"	Y / N	Y / N	Y / N	Y / N	___/4
Tuesday					
"Take a bite"	Y / N	Y / N	Y / N	Y / N	___/4
"All done?"	Y / N	Y / N	Y / N	Y / N	___/4
"More?"	Y / N	Y / N	Y / N	Y / N	___/4
"Drink water"	Y / N	Y / N	Y / N	Y / N	___/4

Continue for all weekdays. Goal: 3 out of 4 meals for each direction

TRACKING SHEET 10: PROGRESS SUMMARY

Monthly Overview Sheet

Child's Name: _____   Month/Year: _____

Goal: _____

Week	Target	Actual	Percentage	Notes
Week 1	___/___	___/___	____%	
Week 2	___/___	___/___	____%	
Week 3	___/___	___/___	____%	
Week 4	___/___	___/___	____%	

Monthly Average: _____%   Goal Met? ☐ Yes ☐ No ☐ Partially

What Worked Well:

_____

What Was Hard:

_____

Next Month's Plan:

_____
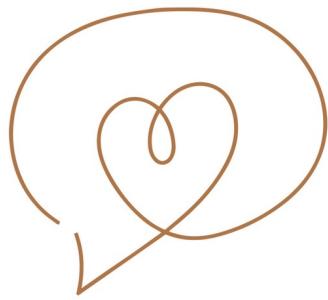
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