



## Speech and Language Parent Questionnaire

Today's Date: \_\_\_\_\_

Person completing this form \_\_\_\_\_

Child's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone(s): (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Physician name: \_\_\_\_\_

Physician address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is your child in preschool/primary school? \_\_\_\_\_

If so, where? \_\_\_\_\_

Teacher's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child ever had a speech-language evaluation before? \_\_\_\_\_

If so, please indicate where, when and with whom: \_\_\_\_\_

\_\_\_\_\_

Please list other specialists who provide care to your child:

Name

Specialty

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What are strong motivators (reinforcers) for your child? (e.g., food, toys, activities)

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**Receptive Language**  
(what your child understands)

Which of the following do you think your child understands?

\_\_\_ his/her own name

\_\_\_ simple directions

\_\_\_ names of objects

\_\_\_ simple questions

\_\_\_ conversational speech

\_\_\_ family names

\_\_\_ names of body parts

\_\_\_ complex directions

Please list the words your child understands:

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**Expressive Language**

(what your child says; can be verbal or nonverbal)

What is the primary method(s) your child uses for letting you know what he/she wants? (check all that apply);

\_\_\_ looking at objects

\_\_\_ 2-3 word combinations

\_\_\_ crying

\_\_\_ gestures

\_\_\_ single words

\_\_\_ physical manipulation

\_\_\_ pointing at objects

\_\_\_ sentences

\_\_\_ vocalizing/grunting

\_\_\_ augmentative/alternative system  
(picture communication and/or signs)

How have your child's communication skills (including verbal and non-verbal communication) changed over the past few months?

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What kinds of sounds/words does your child say?

Vowels \_\_\_\_\_

Consonants \_\_\_\_\_

Consonant-vowel combinations \_\_\_\_\_

Consonant-vowel combinations that sound like words

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Words

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Which of the following best describes your child's speech?

- easy to understand
- difficult for parents to understand
- difficult for others to understand
- almost never understood by others

Which of the following statements best describes your child's reactions to his/her speech?

- is easily frustrated when not understood
- does not seem aware of speech/communication problem
- tries to say sounds or words more clearly when asked
- will attempt to use an alternative form of communication if the original method fails (e.g., child reverts to using a picture to communicate when you do not understand what he/she says)

What are your primary concerns regarding your child's speech, language and communication skills?

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## **Augmentative and Alternative Communication**

If applicable, what type of augmentative communication system(s) does your child use at home and/or school? (e.g., signs, pictures, symbols, other)

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How often and in what circumstances does your child use his/her augmentative/alternative communication system?

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Please list any concerns/questions you have regarding your child's current communication system.

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## Hearing History

Do you think your child hears adequately? \_\_\_yes \_\_\_no

Has your child's hearing been tested? \_\_\_yes \_\_\_no

If "yes", when and by whom?

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Please indicate results and recommendations:

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Please list any concerns you have about your child's hearing:

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## Feeding and Swallowing

Has your child had any feeding difficulties? Check each item that applies.

\_\_\_ sucking or nursing

\_\_\_ excessive length of time to drink bottle

\_\_\_ regulation of liquid or solids through the nose

\_\_\_ difficulty chewing or swallowing any foods

\_\_\_ choking and/or gagging

\_\_\_ aversion to eating certain textures or types of food



