



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)

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:

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?

What kinds of sounds/words does your child say?

Vowels _____

Consonants _____

Consonant-vowel combinations _____

Consonant-vowel combinations that sound like words

Words

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?

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)

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

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

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?

Please indicate results and recommendations:

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

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

