

Name _____ Date of Birth _____

SPEECH-LANGUAGE

Has your child ever been evaluated for speech-language concerns? YES NO

Date of evaluation: _____ Location: _____

Results: _____

Has your child ever had Speech Therapy? YES NO

Date: _____ Location: _____

What were they working on? _____

Are there any languages spoken at home other than English? YES NO

IF YES: What language? _____

Does your child speak the language? YES NO

Understand the language? YES NO

Who speaks the language: _____

Does your child:

YES NO Do you understand your child's nonverbal communication (e.g., pointing, fussing)?
Describe nonverbal technique used:

YES NO Do you understand your child's verbal communication? If no, why
not? _____

YES NO Does your child attend daycare or preschool? If yes, number of
hours/week: _____ Number of other children _____ Number of Teachers _____

YES NO Does your child make speech sounds? Please
describe _____

YES NO Does your child use any words? Please
list _____

YES NO Does your child combine words? Please
list _____

YES NO Does your child imitate facial expressions?

YES NO Does your child imitate speech sounds?

YES NO Does your child imitate behaviors he or she observed at an earlier time (not
immediately following the model)?

YES NO Can your child point to or retrieve common objects when you name them (e.g., using
picture books)?

- YES NO Does your child understand you when you talk to him or her?
- YES NO Does your child answer simple questions?
- YES NO Does your child respond to simple commands? (e.g., "Get your cup.")?
- YES NO Does your child respond correctly to "who, what, when, where"?
- YES NO Does your child correctly respond to "Yes" and "No"?
- YES NO Does your child make eye contact with you?
- YES NO Does your child smile?
- YES NO Does your child play well with others?
- YES NO Does your child play well alone?
- YES NO Does your child seem to understand the functions of objects (e.g., a cup is for drinking)?
- YES NO Does your child ask questions?

How does your child get your attention? _____

How does your child communicate wants and needs? _____

What kind of play activities does your child engage in?

Your child currently communicates using:

Body language Sounds Words 2-4 word sentences

Sentences longer than 4 words OTHER

Do you feel your child has a speech problem? YES NO

IF YES Explain:

Do you feel your child has problems eating or feeding themselves? YES NO

IF YES, Explain:

Describe any problems at home or school:

_____.