

**SPEECH-LANGUAGE PATHOLOGY DEPARTMENT  
CHILD SPEECH/LANGUAGE EVALUATION PARENT QUESTIONNAIRE**

Child's Name:	Date of birth:
Address:	Phone number:

Parent(s)/Guardian(s): \_\_\_\_\_

\_\_\_\_\_

Please list brothers/sisters names and ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What language(s) are spoken in the home?

With whom does your child spend most of his/her time?

Describe your child's speech-language difficulty.

When was the difficulty first noticed? By whom? Has it changed since it was first noticed?

What do you think caused or contributed to this problem?

Is there any history of speech, language, or hearing difficulties in your child's family?

How does your child usually communicate? (e.g., gestures, sounds, single words, short phrases, sentences?)

Is your child aware of his/her speech/language problem? How does he/she feel about it?

Are there any other speech-language specialists who have seen/worked with your child? Who and when? What were their conclusions and/or recommendations?

Have any other specialists (pediatricians, audiologists, behavior specialists, psychologists, special education teachers, physical and/or occupational therapists) seen or worked with your child? Who and when? What were their conclusions and/or recommendations?

### **Prenatal and Birth History**

Please describe the mother's general health during pregnancy. Where there any complications during labor/birth?

Length of pregnancy: \_\_\_\_\_ Length of labor: \_\_\_\_\_

General condition: \_\_\_\_\_ Weight at birth: \_\_\_\_\_

Circle type of delivery:      head first      feet first      breech      caesarian section

### **Medical History:**

Please provide approximate ages for the following conditions, as applicable:

Asthma: \_\_\_\_\_

Chicken pox: \_\_\_\_\_

Ear Infections: \_\_\_\_\_

Colds: \_\_\_\_\_

Encephalitis: \_\_\_\_\_

Dizziness: \_\_\_\_\_

Draining ear: \_\_\_\_\_

Croup: \_\_\_\_\_

High fever: \_\_\_\_\_

Influenza: \_\_\_\_\_

Pneumonia: \_\_\_\_\_

Seizures: \_\_\_\_\_

Tonsillitis: \_\_\_\_\_

Meningitis: \_\_\_\_\_

Sinusitis: \_\_\_\_\_

Tinnitus: \_\_\_\_\_

Mumps: \_\_\_\_\_

Measles: \_\_\_\_\_

Other: \_\_\_\_\_

Has your child had any surgeries? If yes, what type and when (e.g., tonsillectomy, tube placement)?

Is your child taking any medications? What kind and how often? Have there ever been any negative reactions?

Does your child have any allergies? Please list/describe.

### **Developmental History**

Please provide the approximate age at which your child first performed the following activities.

Crawl \_\_\_\_\_ Walk \_\_\_\_\_ Sit \_\_\_\_\_

Stand \_\_\_\_\_ Feed self \_\_\_\_\_ Dress self \_\_\_\_\_

Use toilet \_\_\_\_\_

Use single words (e.g., non, mom, doggie) \_\_\_\_\_

Combine words (e.g., me go, daddy shoe) \_\_\_\_\_

Name simple objects (e.g., dog, car, tree) \_\_\_\_\_

Use simple questions (e.g., Where's doggie?) \_\_\_\_\_

Engage in conversation \_\_\_\_\_

Does your child have difficulty walking, running, or participating in other activities which require small or large muscle coordination?

Does your child currently have, or did your child previously have, any difficulties with feeding (e.g., problems with sucking, swallowing, chewing, vomiting)?

Describe your child's response to sound (e.g., responds to all sounds, responds to loud sounds only, inconsistently responds to sounds).

### **Educational History**

Daycare/Preschool/School: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

How is your child performing pre-academically or academically?

Does your child receive special services? If yes, please describe.

How does your child interact with other children? With adults? (e.g., shy, aggressive, cooperative/uncooperative)

If your child is enrolled in special education services, please describe your child's most important goals.

Please provide any additional information that you feel would be helpful in the evaluation or treatment of your child's speech/language difficulties.

Person completing form: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_