SOUND IT OUT
Speech Therapy

SPEECH AND LANGUAGE
PARENT QUESTIONNAIRE/DEVELOPMENTAL HISTORY

A. Child's name: _____ BIRTHDAY: _____ AGE: ____ GENDER: _____

DATE: _____ COMPLETED BY: _____ RELATIONSHIP: _____

SCHOOL: _____GRADE: _____

Child lives with (check one): ❒ mom ❒ dad ❒ both parents ❒ shared custody ❒ other _____
Mom's Name: _____ ❑ Birth/Adoptive Parent, ❑ Step Parent, ❑ Guardian, ❑ Other: _____
Home Phone: ( ) ___ - _____ Cell Phone: ( ) ___ - _____ Work Phone: ( ) ___ - _____

e-mail address: _____ Home Address: _____

Dad's Name: _____ ❑ Birth/Adoptive Parent, ❑ Step Parent, ❑ Guardian, ❑ Other: _____
Home Phone: ( ) ___ - _____ Cell Phone: ( ) ___ - _____ Work Phone: ( ) ___ - _____

e-mail address: _____ Home Address: _____

Household Members: (Include all people who live in house, including parents, if necessary, use back of form)

Name	Relationship	Age	Speech/Hearing Issues?
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____
_____	_____	____	_____

B. Is there a language other than English spoken in the home (since birth)? ❑ Yes ❑ No
Did the child learn English in a country other than America? ❑ Yes ❑ No Where?_____
Do any family members in the home (since birth) speak with American accents/dialects?
❑ Yes ❑ No Type (Southern, New England, Ebonics, etc.)?_____
List other languages in home: _____
Does the child speak the language(s)? ❑ Yes ❑ No Which one(s)? _____
Does the child understand the language(s)? ❑ Yes ❑ No Which one(s)? _____
Who speaks the language(s)? _____
What was the child's first language? _____
Which language does the child prefer to speak at home? _____
Primary Language(s) Spoken at Home by adults: _____

Do you need an interpreter for meetings? ❑ Yes ❑ No Language? _____

C. GENERAL INFORMATION

What are your major concerns about your child?_____

_____

_____

What are your child's strengths?_____

Describe the general disposition of your child (e.g. happy, affectionate, friendly, withdrawn, stubborn). _____

Behaviors that you are overly concerned about (frequent crying, overly active/aggressive, etc)?

_____

How does your child get along with other children? _____

How does your child get along with adults? _____

How does child work/play in group activities? _____

D. PREGNANCY:

Age of Mother at birth of child: _____ How long was the pregnancy?_____

During pregnancy, did the mother use: ❒ Drugs/ Medication, ❒ Alcohol, ❒ Cigarettes. Explain:

_____

Was the mother sick or in an accident during the pregnancy? ❑ Yes ❑ No

If yes, please describe. _____

Were there medical problems with the baby at birth? ❑ Yes ❑ No _____

Birth weight_____lbs. _____oz. Baby's condition at birth: _____

Was oxygen given? ❑ Yes ❑ No Did child go home with mother? ❑ Yes ❑ No

If child stayed at the hospital, describe why/how long. _____

Please explain any other issues during pregnancy/birth: _____

Child was breast / bottle fed. Any issues with feeding? ❑ Yes ❑ No _____

E. MEDICAL HISTORY: Is your child taking any medication? _____

Medication	Dosage	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Last Vision Test on (date): _____ Vision was: _____

Last Hearing Test on (date): _____ Hearing was: Right_____ Left_____

Has your child had any of the following? ❑ allergies ❑ sinusitis ❑ frequent colds
❑ breathing difficulties ❑ head injury ❑ high fevers ❑ seizures ❑ adenoidectomy
❑ tonsillectomy ❑ tonsillitis ❑ vision problems ❑hearing problems
❑ ear infections…How often?_____ What ages? _____ ❑ ear tubes
Has your child had any serious illnesses, operations, or injuries? _____

Any other significant medical issues? _____

F. DEVELOPMENTAL MILESTONES Please list approximate ages for the following:

First words (other than mama/dada) _____
Combine words (2 or more) _____
Speak in sentences _____
Formal Schooling? ❒ Preschool (# of years ____), ❒ kindergarten, ❒ has repeated _____ grade

G. COMMUNICATION

Does your child...

❑ repeat sounds, words or phrases over and over?
❑ understand what you are saying?
❑ retrieve/point to common objects upon request (ball, cup, shoe)?
❑ follow simple directions ("Shut the door" or "Get your shoes")?
❑ respond correctly to yes/no questions?
❑ respond correctly to who/what/where/when/why questions?

Your child currently communicates using...

❑ body language. ❑ sounds (vowels, grunting). ❑ words (shoe, doggy, up). ❑ 2 to 4 word sentences. ❑ sentences longer than four words. ❑ other _____.

Behavioral Characteristics:

❑ cooperative, ❑ attentive, ❑ willing to try new activities, ❑ separation difficulties, ❑ stubborn, ❑ plays alone for reasonable length of time, ❑ easily frustrated/impulsive, ❑ poor eye contact, ❑ easily distracted/short attention span, ❑ restless, ❑ destructive/aggressive, ❑ withdrawn, ❑ inappropriate behavior, ❑ self-abusive behavior

H. SPEECH/LANGUAGE HISTORY (Please explain your answers)

Have you had any concerns about your child's language before now? What did you do?

_____

Can your child carry on a simple conversation?

_____

Can you understand what he/she is saying? Is speech clear and understandable?

_____

Does your child have difficulty stating what s/he needs (forget names, call objects "things")?

_____

Do you need to repeat directions because he or she does not understand them?

_____

Does your child respond correctly to questions that you ask him/her?

Does he or she speak in complete and grammatically –correct sentences?

_____

Does your child get stuck on words or repeat words?

_____

How would you describe your child's voice? (hoarse, mumble, nasal, loud, soft, clear, etc.)

_____

Do you have any concerns now about your child's speech or language?

_____

I. MOTOR DEVELOPMENT

Have you observed any motor problems?

_____

Which of these skills can your child perform:
Skip___ run___ hop on one foot____ balance_____ catch a ball____ cut a straight line____
Cut a square_____ cut a circle_____

Do you have concerns about fine motor development (writing, drawing, fastening buttons, etc)?

_____

J. PREVIOUS THERAPY

Has he/she ever had a speech-language evaluation/screening? ❑ Yes ❑ No
If yes, where and when? _____
What were you told? _____
_____

Has your child ever had speech-language therapy? ❑ Yes ❑ No
If yes, where and when? _____
What was he/she working on? _____
Has your child received any other evaluation or therapy (physical therapy, counseling, occupational therapy, vision, etc.)? ❑ Yes ❑ No
If yes, please describe. _____
_____

K. ACADEMICS

In your perception, is your child performing below grade level in any academic area relative to other children his/her age? ❑ Reading, ❑ Math, ❑ Writing, ❑ Other: _____

How long is your child able to sustain attention? _____

Is there anything else that has not been covered in this questionnaire that you feel is important?

_____
_____
_____