

\_\_\_\_\_  
Child's Name



**SPEECH-LANGUAGE**

**History:**

	Yes	No
Did your child pass the newborn hearing screening test?		
Has your child's hearing been checked since newborn test?		
Did your child "babble" as an infant?		
Did/Does your child have chronic ear infections?		
Does it appear that your child can hear what you are saying?		
Does your child ask for help if he/she can't reach something?		
Does your child respond when you call his/her name?		
Can your child imitate sounds and/or words?		

Does your child follow directions and respond to 1 step commands (ex "Come here")? Yes \_\_\_\_ No \_\_\_\_

Comments \_\_\_\_\_

How does your child communicate wants/needs/ideas (gestures, single words, sentences)?

\_\_\_\_\_

Do you have any concerns with your child's sound production (child has very few sounds, is difficult to understand, stutters, or uses his/her own language)? Yes \_\_\_\_ No \_\_\_\_

Comments \_\_\_\_\_

What does your child do if he/she is not understood by others? \_\_\_\_\_

Does your child use eye contact and gestures when needing assistance or attempting to communicate frustrations?

Yes \_\_\_\_ No \_\_\_\_ Comments \_\_\_\_\_

How many words does your child have? 0-5\_\_\_\_ 5-10\_\_\_\_ 10-20\_\_\_\_ 20-40\_\_\_\_ 50+\_\_\_\_

Is there a family history of speech delays/disorders? \_\_\_\_\_

What are your goals/expectations from speech treatment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_