



# Speech Therapy Pre-Exam Questionnaire

In order to evaluate your child's condition fully, please be as accurate as possible. Thank you.

Please list the approximate age your child achieved the following developmental milestones:

\_\_\_ sat alone      \_\_\_ babbled      \_\_\_ walked  
\_\_\_ said first words      \_\_\_ put two words together      \_\_\_ spoke in short sentences  
\_\_\_ grasped crayon/pencil      \_\_\_ toilet trained

How many words does your child have?

0-5 \_\_\_      5-10 \_\_\_      10-20 \_\_\_      20-40 \_\_\_      50+ \_\_\_

Has he/she ever had a speech evaluation/screening?

Yes      No

If yes, where and when? \_\_\_\_\_  
What were you told? \_\_\_\_\_

Has your child ever had speech therapy?

Yes      No

If yes, when and where? \_\_\_\_\_

Is your child aware of, or frustrated by, any speech/language difficulties?

\_\_\_\_\_

Does your child .....

\_\_\_ choke on food or liquids?  
\_\_\_ currently put toys/objects in his/her mouth?  
\_\_\_ brush his/her teeth and/or allow brushing?

Child Lives with (check one):

Birth Parents \_\_\_      Foster Parents \_\_\_      One Parent \_\_\_  
Adoptive Parents \_\_\_      Parent and Step-Parent \_\_\_      Other \_\_\_

Other Children in the Family:

Name \_\_\_\_\_ Age \_\_\_ Sex M F Grade \_\_\_  
Speech/Hearing Problems \_\_\_\_\_

\_\_\_\_\_

Is there a language other than English spoken in the home?

Yes      No

If yes, which one? \_\_\_\_\_

Does the child speak the language?      Yes      No

Does the child understand the language?      Yes      No

Who speaks the language? \_\_\_\_\_

Which language does the child prefer to speak at home? \_\_\_\_\_

If your child is in school:

Name of the school \_\_\_\_\_

Grade in school \_\_\_\_\_

Is your child receiving help in any subjects? \_\_\_\_\_

Additional comments \_\_\_\_\_