

**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 you child receiving help in any subjects? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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