



SPEECH AND LANGUAGE PARENT QUESTIONNAIRE/DEVELOPMENTAL HISTORY

SECTION A: CHILD'S INFORMATION

Child's Name: _____ Date of Birth: _____ Age: _____ Gender: Male Female

Date: _____ Completed by: _____ Relationship: _____

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: () ___ - ___

Email: _____ Address: _____

Dad's Name: _____ Birth/Adoptive Parent, Step Parent, Guardian, Other: _____

Home Phone: () ___ - ___ Cell Phone: () ___ - ___ Work Phone: () ___ - ___

Email: _____ Address: _____

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

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Speech/Hearing Issues?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____



SECTION B: LANGUAGE HISTORY

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.)? _____

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? _____

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Describe the general disposition of your child (e.g. happy, affectionate, friendly, withdrawn, stubborn, etc.)

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 your child work/play in group activities? _____

SECTION 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. _____



LA SPEECH PATHOLOGY SERVICES, INC.

laspeechguy@gmail.com | Ph: (310) 384-5317 | Fax: (310) 943-3333
5280 E Beverly Blvd Suite C #106, Los Angeles, CA 90022
www.laspeechpathologyservices.com

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 _____

SECTION E: MEDICAL HISTORY

Is your child taking any medication? Yes No

<u>Medication</u>	<u>Dosage</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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? _____

SECTION 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 _____



SECTION 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

SECTION 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?



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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?

SECTION 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.)?

SECTION 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. _____

SECTION 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?

