

SPEECH AND LANGUAGE HISTORY QUESTIONNAIRE

Name: _____

Date of birth: _____ Age: _____

School: _____ Grade: _____

Birth weight: _____ Hospital Duration: _____

Were there any problems during pregnancy/delivery? _____

Has your child been hospitalized at any time? _____

Language(s) spoken at home: _____

Has your child had a hearing test? Yes _____ No _____

If yes, results? _____

What are your primary concerns regarding your child's speech and language? _____

How does your child usually communicate wants and needs? _____

What sounds does your child say? _____

How many words does your child say? _____

Does your child have difficulty pronouncing sounds? Yes _____ No _____

If yes, which sounds? _____

Does your child have any favorite games and activities? _____

What age did your child:

Coo _____ Babble _____ Say First Word: _____ Say Two Word Phrase _____

Describe your child's Attention Span/Activity Level _____

Additional Concerns/Comments: _____
