



More Than Words... Therapy Services, LLC
215-A Dunbar Cave Rd | Clarksville, TN 37043
Telephone: 931.542.2739 | Fax: 931.233.9970
Website: www.MoreThanWordsLLC.com
Facebook: MoreThanWordsTherapy

Pediatric Speech/Language Questionnaire

Child's name _____ Today's date: _____

Primary language spoken in the home? _____ Other languages? _____

Others in the home:

Describe your concern with your child's speech and/or language skills. _____

At what age did you first note the problem? _____

Does anyone else in your family have a speech problem? If so, whom? _____

Please describe: _____

At what age did your child: Crawl _____ Sat up _____ Stood _____ Walked _____ Fed Self _____

Dress self _____ Toileted _____ Single Words _____ Combined Words _____

Did your child use a variety of sounds when babbling? Examples: _____

What were your child's first words? _____



More Than Words... Therapy Services, LLC
215-A Dunbar Cave Rd | Clarksville, TN 37043
Telephone: 931.542.2739 | Fax: 931.233.9970
Website: www.MoreThanWordsLLC.com
Facebook: MoreThanWordsTherapy

Does your child have a history of using a word once and never using it again? _____

How many words does your child use? (You may include signs if applicable):

0-20 20-50 50-100 100-150 200-300 300-500 500 or more

If 0-20, please give examples _____

Does your child produce phrases and sentences?

2-word 3-word 4-word 5-word more

Please give examples: _____

Does your child have difficulty making some consonant/speech sounds? If so, please list them: _____

Does your child prefer to communicate by using gestures or by pointing? _____

Does your child ever become frustrated when trying to speak or communicate his/her needs? _____

If so, how does he/she react? _____

How do you react? _____

Does your child play and communicate well with his/her friends and family? _____

How does your child relate to other children his/her age when playing? _____

How does your child transition from place to place? _____

Please rate your child's eye contact skills. _____

Does your child have difficulty forming sentences or answering questions? _____

Give an example of a direction or command that your child will typically follow. _____

In a percentage, rate how much of your child's speech you understand. _____

How well do others outside the family understand your child when he speaks (in a percentage)? _____

How does your child's speech difficulties impact your family life? _____



More Than Words... Therapy Services, LLC
215-A Dunbar Cave Rd | Clarksville, TN 37043
Telephone: 931.542.2739 | Fax: 931.233.9970
Website: www.MoreThanWordsLLC.com
Facebook: MoreThanWordsTherapy

Does your child have a history of:

Ear infections? _____ How often? _____ Were tubes placed? _____ When? _____

Allergies? _____ What kind? _____ How severe? _____

Asthma? _____ How severe? _____

Has your child ever had:

Surgery _____ If so, what type and date? _____

Chronic illness _____ If so, what type and date? _____

Serious accident _____ If so, what type and date? _____

Did you have a normal pregnancy and delivery? **If no, please describe:** _____

What is your child's current health? _____

Is your child currently taking any medications? _____ If so, what? _____

Please list any previous medical issues or previous medical or academic diagnoses (ex. Autism, Learning Delay, etc) : _____

Are there or have there been any feeding or eating problems (for example, any problems with sucking, tolerating specific food textures, swallowing, drooling, chewing)? If yes, please describe _____

Has your child ever had a hearing evaluation? _____ Date _____

Results _____

Has your child had a previous speech and language evaluation? _____ Date _____

Where was the evaluation completed? _____

What were the results/diagnosis? _____



More Than Words... Therapy Services, LLC
215-A Dunbar Cave Rd | Clarksville, TN 37043
Telephone: 931.542.2739 | Fax: 931.233.9970
Website: www.MoreThanWordsLLC.com
Facebook: MoreThanWordsTherapy

Has your child received speech and language therapy services? _____ Dates _____

Where did they receive the services? _____ For how long? _____

Reason for leaving _____

Is your child receiving other services? OT, music therapy, ABA? _____

If yes, what is the name of the company? _____ How many hours a week? _____

Please provide therapists/supervisors name and contact information _____

Is your child in day care, preschool or school? If yes, where? _____

How many days a week for how many hours? _____

How is your child performing academically? _____

What are you expecting from this evaluation and interview? _____

What else do you think we should know about your child (e.g. hobbies, interests, social skills)? _____

Signature

Date