COLUMBUS SPEECH & HEARING
EST.1923

Speech and Language Questionnaire for Children: 4+

Child's Name: _____ Date of Birth: _____

Name of Person Completing This Form: _____

Relationship to Child: _____ Date Today: _____

Whom should we thank for referring you to the Columbus Speech & Hearing Center? _____

GENERAL INFORMATION:

What are your reasons for scheduling this appointment?

_____

_____

_____

When was the difficulty first noticed?

_____

_____

_____

Describe your child's communication skills:

_____

_____

_____

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

_____

_____

_____

What are the things you have done to try to help?

_____

_____

_____

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Dublin, OH 43017
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ColumbusSpeech.org

MEDICAL HISTORY

Were there any problems with the pregnancy with this child (Rh incompatibility, toxemia, drug/alcohol abuse, etc.)?

Were there any problems relating to this child's birth or delivery (prematurity, time in incubator or NICU, breathing problems, low birth weight)?

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

	Sat alone		Crawled		Said first words
	Grasped crayon/pencil		Hand preference		Walked
	Toilet trained				

Does your child:

Choke on foods or liquids ☐ Yes ☐ No

Currently mouth toys/objects ☐ Yes ☐ No

Tolerate having their teeth brushed ☐ Yes ☐ No

Are you working with an orthodontist ☐ Yes ☐ No

Has your child had any of the following? (Please check all that apply)

☐ Measles ☐ Chickenpox ☐ Mumps

☐ Scarlet fever ☐ Meningitis ☐ Encephalitis

☐ Seizures ☐ Tonsilitis ☐ Tonsillectomy

☐ Adenoidectomy ☐ Allergies ☐ Sinusitis

☐ Vision problems ☐ High fevers ☐ Frequent colds

☐ Ear infections ☐ Tubes in ears ☐ Flu

☐ Difficulty breathing ☐ Difficulty sleeping ☐ Thumb/finger-sucking habits

Is your child on daily medication? Please list.

Drug name Condition it is taken for

Hospitalizations or Operations:

Date Hospital Reason

SPEECH AND LANGUAGE DEVELOPMENT (CHECK ALL THAT APPLY.)

Did/does your child:

☐ Repeat sounds/words or phrases over and over?

☐ Use single words together at 24 to 30 months?

☐ Understand what you are saying?

☐ Retrieve/point to common objects upon request (e.g., ball, cup, shoe)?

☐ Follow simple directions (e.g., "shut the door")?

☐ Respond appropriately to yes/no questions?

☐ Respond correctly to who/what/where/when/why questions?

Your child currently communicates using:

☐ Body language (pulling, tugging, gestures)

☐ Words (e.g., "shoe, doggie, up")

☐ Sentences longer than four words

☐ Sounds (vowels, grunting)

☐ Two- to four-word sentences

☐ Other: _____

Indicate any other evaluation or therapy your child has received:

Service	**Provider**
Speech	
Hearing	
Physical therapy	
Occupational therapy	
Neurological	
Psychological	
Help Me Grow	
Other	

FAMILY INFORMATION

Parent/Caregiver #1

Name: _____

Relationship to child (mother/father/grandparent/foster parent/other: _____

☐ Lives in the home ☐ Lives outside the home ☐ Shared parenting

Parent/Caregiver #2

Name: _____

Relationship to child (mother/father/grandparent/foster parent/other): _____

☐ Lives in the home ☐ Lives outside the home ☐ Shared parenting

Other adult(s) living in the home

Name: _____

Relationship to child (mother/father/grandparent/foster parent/other): _____

First names and ages of other children in the family/in the home:

_____

_____

Any family history of the following:

☐ Speech/language delays
☐ ADHD
☐ Developmental delays
☐ Dyslexia
☐ Hearing loss
☐ Autism/PDD
☐ Learning disabilities
☐ Movement disorder

Family pattern of hand dominance:

What languages are spoken in the home?

OTHER

Behavioral Characteristics: (Check all that apply)

☐ Cooperative; gets along with others (children & adults)
☐ Willingly tries new activities
☐ Separation difficulties
☐ Stubborn
☐ Poor eye contact
☐ Destructive/aggressive
☐ Inappropriate behavior
☐ Attentive
☐ Can play alone for a reasonable length of time
☐ Easily frustrated/impulsive
☐ Restless
☐ Easily distracted/short attention span
☐ Withdrawn
☐ Self-abusive behavior

My child's favorite activities are:

Other concerns or information you would like us to know about your child or family.

PLEASE ANSWER IF YOUR CHILD IS IN SCHOOL

Name of school and grade in school:

Has your child repeated a grade?

What are your child's strengths and best subjects?

Is your child having difficulty with any subject? If yes, what help is your child already receiving?

Has your child received a Multifactored Evaluation at school? ☐ Yes ☐ No

If yes, please provide a copy of the report to us.

Does your child have an IEP through school? ☐ Yes ☐ No

If yes, please provide a copy of the IEP to us.