



Teaching and Assessing Language for Kids

Speech & Language History  
Parent Questionnaire

Person(s) responding \_\_\_\_\_ Date \_\_\_\_\_  
Relationship(s) to child \_\_\_\_\_

**GENERAL INFORMATION**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**Tell us about your child's speech, language, social communication, and/or feeding:**

**My child can \_\_\_\_\_:**

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**I want my child to \_\_\_\_\_:**

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Parent's address:

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Parent's address (if different):

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Your child's siblings (name & age): \_\_\_\_\_

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What languages are spoken in the home; which one is the primary language? \_\_\_\_\_

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Is there a family (immediate and/or extended) history of speech and/or language disorders (please be specific):

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**PROFESSIONAL EVALUATIONS**

Has your received any diagnoses (e.g., hearing loss, cerebral palsy, Apraxia, receptive/expressive language delay)? If so, please describe:

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Please note current **professionals** working with your child, as well as the approximate **frequency & duration** of these sessions:

Audiologist \_\_\_\_\_

Speech-Language Pathologist \_\_\_\_\_

Setting (e.g., school name, clinic/private practice name) \_\_\_\_\_

Contact information (e.g., email address, phone number) \_\_\_\_\_

How long has your child been working with this/these SLP(S)? \_\_\_\_\_

Neuropsychologist \_\_\_\_\_

Psychologist \_\_\_\_\_

Psychiatrist \_\_\_\_\_

Pediatrician \_\_\_\_\_

Neurologist \_\_\_\_\_

Ear Nose and Throat Doctor (ENT) \_\_\_\_\_

Orthodontist \_\_\_\_\_

Physical Therapist \_\_\_\_\_

Occupational Therapist \_\_\_\_\_

Other \_\_\_\_\_

**MEDICAL HISTORY**

Were there any abnormal occurrences in your child's pregnancy or delivery? \_\_\_\_\_

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Were there any difficulties with breastfeeding (if the child was breastfed) or other feeding difficulties during infancy?

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Since birth, has your child experienced any **medical problems** (e.g., hospitalizations, surgeries, diagnoses, ear infections) before/during/after birth? If so, please explain. \_\_\_\_\_

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Please describe current **health concerns**, if any (e.g., allergies, illnesses).

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List your child's current **medications** (and **dosages**). Please note any positive/negative **effects** of the medication(s).

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When was the last time your child's **hearing** was checked? What were the results?

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### **DEVELOPMENT**

Indicate the age at which your child demonstrated the following:

Sitting up: \_\_\_\_\_  
Crawling: \_\_\_\_\_      Cooing: \_\_\_\_\_  
Walking: \_\_\_\_\_      Babbling: \_\_\_\_\_  
Toilet training: \_\_\_\_\_      First word: \_\_\_\_\_

Do/Does your child:

	<u>Yes/No</u>	<u>Age Started/Stopped</u>
Suck thumb:	_____	_____
Use a pacifier:	_____	_____
Drink from a bottle:	_____	_____
Drink from a sippy cup:	_____	_____
Drink from a straw:	_____	_____
Drink from an open cup:	_____	_____

### **CHILD CARE / EDUCATION**

Where does your child currently attend **school/daycare**? How often? Grade? Teachers' names? \_\_\_\_\_

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### **COMMUNICATION SKILLS**

Describe your child's current **expressive language**? What sounds do you notice that he/she has difficulty producing? If he/she is **nonverbal**, please discuss your child's use of signs, gestures (e.g., waving, nodding, hand-pulling), vocalizations/word approximations, and/or augmentative means (e.g., AAC devices, PECS) when communicating. Is he/she aware of his/her difficulty and, if so, how does that affect him/her emotionally or behaviorally?

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What is your impression of your child's **receptive language**? Is he/she able to follow directions? Does he/she seem to understand age appropriate vocabulary? Can he/she seem to comprehend age appropriate stories?

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What is your impression of your child's **social communication** (i.e., pragmatics)? For example, does he/she use: greetings, eye contact, politeness markers, initiation and turn-taking when playing and interacting, and language (verbal or nonverbal) for a variety of purposes (e.g., to make requests, get information, express emotions)? Please describe your child's ability to establish and maintain peer friendships.

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Have there been any noticeable **changes** (positive or negative) in your child's communication behaviors (e.g., expressive language, auditory comprehension, social language) in recent months? If so, explain.

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Please describe your child's **play behavior** (e.g., sharing, cooperating with others, pretending, using toys appropriately and symbolically).

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Describe your child's **feeding/eating** (e.g., types of foods, sucking/swallowing, sensitivity to textures, picky eating).

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Describe your child's fine and gross **motor development** (e.g., gross: running, throwing, jumping; fine: coloring, zipping, cutting).

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Describe your child's **temperament/personality** (e.g., how he/she handles frustration, his/her response to affection, needs).

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**TREATMENT**

Has your child seen a speech-language pathologist in the past? Or are they currently seeing a speech-language pathologist? If so, who/where? Dates of treatment? Goal Areas?

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What **strategies** have been used with your child in the past to facilitate speech/language development, if any? Which seemed to be effective and which did not?

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Please describe your child's daily routine (e.g., wakeup time, morning activities, nap time, afternoon activities, bed time).

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Please list items of interest to your child that can be used for positive **reinforcement**?

Foods \_\_\_\_\_

Please note any foods that should be **avoided** \_\_\_\_\_

Games/Activities \_\_\_\_\_

Sensory Experiences \_\_\_\_\_

Other (e.g., cartoon characters) \_\_\_\_\_

**OTHER INFORMATION**

Your child's treatment plan is designed to be functional and personally relevant to him or her. Therefore, your child's everyday vocabulary (e.g., people, places, animals) and experiences are incorporated into therapy sessions whenever possible. Please list the items of importance (when applicable) and briefly mention how they are significant in your child's world:

Pets \_\_\_\_\_

(Extended) Family Members / Friends \_\_\_\_\_

Places (e.g., park, church) \_\_\_\_\_

Activities (e.g., play groups, sports) \_\_\_\_\_

Books / Songs \_\_\_\_\_

Other \_\_\_\_\_

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**Please note any additional concerns or information to share with TALK.**

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