## All in 1 SPOT with TheraTalk TheraTalk Speech-Language Pathology

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## Speech/Language Evaluation Parent Questionnaire

According to our records, you have requested a speech and language examination for your child. In preparation for the examination, we would like you to provide us with important information. This information will assist the Speech-Language Pathologist in planning for and conducting a complete examination.

Please answer the questions as fully and accurately as possible. If you are not sure of a particular date, you can write the date that you think is right and put a question mark after that. Your family physician may be able to provide you with certain information, or consult the child's baby book, if available.

All the following information is for the confidential use of All in 1 S.P.O.T. with Theratalk, SLP, PT, OT, PLLC.

## **FAMILY INFORMATION**

Child's Full Name:						
Address:						
Birth date:						
Language(s) spoken at home	e:					
ather's Name:Mother's Name:						
ather's Age: Occupation:			Bus. Phone #			
Mother's Age: Occupation:						
E-mail:						
Sather's Education: Mother's Education:						
Referred by:						
Family Physician:						
Name of School child Attend	ds:					
Name of person filling out q	uestionna	aire:				
Marital status of Parents:	Single	Married	Separated	Divorced	Widowed	
Other children in family:	<u>Name</u>			Age	<u>e</u>	Grade

REASON FOR REFERRAL  Describe in you own words your child's speech-language-auditory problem.
Please explain what you hope to learn from this evaluation.
BIRTH AND DEVELOPMENTAL HISTORY  During this pregnancy, did the mother experience any unusual illness, condition or accident, such as German measles, false labor, RH incompatibility? If so, describe:
Length of Pregnancy:  Duration of Labor:  Place:
Birth weight:
C-section or Vaginal Delivery Any medication taken during pregnancy:
Other significant birth history/Unusual condition at or immediately after birth:
Did the infant have feeding problems? Seizures?
DEVELOPMENTAL MILESTONES When did the child first hold up his/her head?
When did the child begin to sit unassisted?
When did the child begin babbling?
When did the child begin crawling?
When did the child begin standing?
When did the child begin walking?
Does the child fall or lose balance easily?
Does the child seem awkward or uncoordinated?
Weight of child at present
Height of child at present

## MEDICAL/SOCIAL/EMOTIONAL HISTORY

List below all illnesses, accidents, and operations that the child has had and indicate the severity:

Illness etc.	Age of child	<u>Duration</u>	Severity	After effects
	of middle ear infection	s?		
If yes at what ag	· · · ·			
	ave any allergies? Asthr			
Is the child takin	ng any medication at the	present time?		
If ves please list	the medications and the	reason for takin	g them:	
ii yes piease iist	the incurentions and the	reason for takin	5 mem	
Has the child be	en seen by any other doo	ctor other than hi	s/her regular d	octor? Explain.
What is the child	d's overall general healtl	h?		
_	ory or neurological, hear y or parents' families?	ring, psychologic	al or hereditary	y problems in the
If so please desc	ribe.			
Is the child "ner	vous <sup>22</sup> 9			
How does he/she				
	5 5H6 W 10.			
Has s/he been ha	arder to manage than oth	ner children?		
At what age did	the child enter school?			
Were grades rep	eated?			
Has s/he ever be	en evaluated in school?			
Is s/he in regular	or special education?			

How is his/her reading ability? (at grade level, below, above)
Does s/he receive any special services in school? (e.g. reading, speech)
Does child separate from parent?
Does the child have good eye contact?
How does the child interact with other adults? With other children?
What is the child's favorite toy or activity?
AUDIOLOGICAL: Has an audiological evaluation been conducted? If yes when and where?
FEEDING ISSUES Does the child drink using a cup? A straw?
Does the child feed him/herself? What utensils does the child use?
Does the child have difficulty chewing or swallowing?
SPEECH & LANGUAGE HISTORY Does the child follow commands?
Does the child point and gesture?
Does the child identify body parts, shapes, colors?
Does the child identify familiar objects?
At what age did the child say his/her first words?
What were they?
Did s/he produce one or two words and then after a long time produce others?
Did s/he keep adding words once s/he started to talk?
At what age did s/he make small sentences such as: "Want drink" or "Me out"?

Does the child imitate speech?
Does the child answer "wh" or yes/no questions?
Does the child label body parts, familiar objects?
Does the child sing songs, rhymes, and says his/her ABC's?
How is the child's speech intelligibility?
At what age did s/he make more complete short sentences?
At this point, does s/he talk in words? Phrases? Sentences?
Did speech-language learning ever seem to stop for a period?
Has s/he ever talked better than s/he does now?
Does s/he seem to be aware of his/her speech difference?
What efforts have been made to help him/her talk better?
When, and by whom was the speech-language difference first noticed?
Is the child teased about his communication skills by others?
What is his/her reaction to his/her speech?
Does the child have difficulty understanding speech or following instructions?
Has the child had a prior speech, hearing, or psychological examination?
If so, please state when the examination was given, by whom and for what reason.  Type of examination  Given when By whom Reason for examination
Has the child had prior speech, hearing, or psychological therapy?
If so, please state when the therapy was given, by whom and the reason for termination.  Type of therapy  Given when  By whom  Reason for termination

If there is additional information which you feel will help us to understand you child better, please describe:

All information will be held in strict confidence and not released to any person(s) without explicit authorization nor shared with any unauthorized person.

Theratalk Speech/Language Pathology, P.C. prohibits discrimination on the basis of race, religion, color, national or ethnic origin, age, sex, sexual orientation, marital status, or disability.