



## Pediatric Early Language Development Questionnaire

Please complete the following and mail or email to ReImagine Speech Therapy prior to your child's initial evaluation.

### **Demographics**

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Chronological age \_\_\_\_\_

Gestational age \_\_\_\_\_

Current weight \_\_\_\_\_

Mother's name \_\_\_\_\_

Mother's occupation \_\_\_\_\_

Father's name \_\_\_\_\_

Father's occupation \_\_\_\_\_

Are both parents in the home with your child? \_\_\_\_\_

Brother and sisters (include names and ages)

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Who lives in the home with your child?

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**Instructions:** Answer each question with as much detail as possible. Add any additional information you may think relevant at the end of the questionnaire.

Yes    No

\_\_\_    \_\_\_    Do you understand your child's nonverbal communication? Describe nonverbal techniques used: \_\_\_\_\_

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\_\_\_    \_\_\_    Do you understand your child's verbal communication? If no, why not? \_\_\_\_\_

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\_\_\_    \_\_\_    Does your child attend daycare/preschool? Number of days/hours per week? \_\_\_\_\_

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\_\_\_    \_\_\_    Does your child make speech sounds? Please describe: \_\_\_\_\_

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\_\_\_    \_\_\_    Does your child use any words? Please list: \_\_\_\_\_

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_____	_____	Does your child combine words? Please list: _____
_____	_____	Does your child imitate facial expressions?
_____	_____	Does your child imitate speech sounds?
_____	_____	Does your child imitate behaviors he/she observes at an earlier time (not immediately following the model)?
_____	_____	Can your child point to common objects when you name them?
_____	_____	Does your child understand you when you talk to him/her?
_____	_____	Does your child answer simple questions?
_____	_____	Does your child respond to simple commands (i.e. "get your cup")?
_____	_____	Does your child maintain eye contact with you?
_____	_____	Does your child smile?
_____	_____	Does your child play well with others?
_____	_____	Does your child seem to understand the function of objects (i.e. cup is for drinking, brush is for brushing hair)?
_____	_____	Does your child ask questions?

How does your child get your attention?

How does your child communicate wants and needs?

With whom does your child spend most of their day?

What kinds of activities does your child engage in?

Describe a typical day (include details):