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AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Certified Member

Client Name: _____

Observation Form For Parents

Please observe your child over the next several days and answer the following questions. Do not make your child aware that you are observing them.

Drinking

Does your child seem to drink liquid excessively with dinner? Y N

Does your child seem to wash down food with liquid? Y N

Does your child balloon their lips and cheeks when drinking? Y N

Does your child stick his/her tongue into a water bottle to drink? Y N

Eating

Does your child chew with their mouth/lips open? Y N

Approximately how many chews for each mouthful? _____

Does your child seem to prefer to chew on one side of their mouth? Y N

Which side? _____

Does your child stuff food in their mouth? Y N

Does any food escape during chewing? Y N

Is your child messy when eating an ice cream cone? Y N

Your child chews food: rapidly moderately slowly

Do you hear sounds when your child eats? Y N

Is your child the...? (Circle one)

First one finished

Last one at the dinner table

Describe your child:

___sits nicely at the dinner table

___uses the chair like a jungle gym while eating

Food preference

Is your child a picky eater? Y N

Do certain textures bother him/her? Y N

What? _____

Please list a typical breakfast _____

Please list a typical lunch _____

Please list a typical dinner _____

Please list the foods your child does NOT like:

Sleeping

Does your child sleep with their mouth open? Y N

Does your child snore? Y N

Does your child grind their teeth? Y N

Does your child wake up with a wet pillow from drooling? Y N

Do the sheets/blankets look like a tornado in the AM? Y N

Does your child wet the bed? Y N

Do they sleep on their: back side stomach

Your child wakes up: rested tired

Attention

Has your child been identified at school as having difficulty paying attention? Y N

Is homework a battle? Y N

General

When your child is watching TV, is their mouth open? Y N

When your child is doing homework, is their mouth open? Y N

Do you see your child licking their lips? Y N

Does your child suck their thumb? Y N

Does your child bite his/her nails? Y N

These forms can be faxed to (562) 597-8747 before your first appointment or you can bring them with you to your scheduled appointment. Thank you.