

Date: _____

Parent Questionnaire: Speech and Language Skills

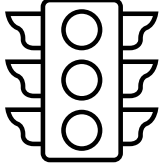


Parent Name: _____ Contact Info: _____

Child's Name: _____ DOB: _____ Age: _____

Overall Speech-Language Impressions

GREEN



(no concerns)

YELLOW

(some concerns)

RED

(concerned)

Other Observations

___ English as a second language

___ Behavioral Concerns

___ Hearing / Vision Concerns

Does your child's speech and language difficulty impact them academically and/or socially? **YES / NO**

If YES, please briefly describe how: _____

Specific ARTICULATION Concerns – Check all that apply

- ___ Deletes the first and/or last sound in words
- ___ Deletes or reduces multi-syllables
- ___ Mispronounces sounds typically pronounced correctly by peers
- ___ Produces single sounds and/or words clearly but is difficult to understand in conversation
- ___ Frequently asked to repeat words/phrases/sentences by adults and peers

Specific RECEPTIVE LANGUAGE Concerns – Check all that apply

- ___ Difficulty following classroom routines
- ___ Difficulty answering general/personal question(s)
- ___ Difficulty following single-/multi-step directions
- ___ Difficulty answering question(s) about a story
- ___ Difficulty repeating word(s) and/or sentence(s)
- ___ Difficulty understanding figurative language

Specific EXPRESSIVE LANGUAGE Concerns – Check all that apply

- ___ Uses gestures to communicate more than words
- ___ Uses incorrect word order
- ___ Difficulty expressing wants and needs
- ___ Difficulty describing or using attributes/functions
- ___ Produces short, grammatically simple utterances
- ___ Difficulty retelling a story or describing pictures
- ___ Difficulty finding the *right* word when talking
- ___ Repeats/echoes others without understanding

Specific SOCIAL/PRAGMATIC LANGUAGE Concerns – Check all that apply

- ___ Difficulty sharing feelings/thoughts appropriately
- ___ Difficulty maintaining eye contact
- ___ Difficulty demonstrating topic maintenance
- ___ Difficulty initiating and/or ending conversations

Specific FLUENCY Concerns – Check all that apply

- ___ Stutters on individual sounds (e.g., “g-g-goat”)
- ___ Prolongs the first sound in words (e.g., “sssnake”)
- ___ Stutters on whole words (e.g., “bye-bye-bye”)
- ___ Stuttering causes communication breakdowns
- ___ Uses uncommon behaviors while talking (e.g., excessive eye blinking, head movements, tapping fingers)

Specific VOICE Concerns – Check all that apply

- ___ Uses inappropriate volume (e.g., too loud/soft)
- ___ Uses abnormal voice (e.g., gruff, hoarse, breathy)

Specific EXECUTIVE FUNCTIONING Concerns – Check all that apply

- ___ Poor time management (begins younger than you think)
- ___ Difficulty with social and academic problem solving
- ___ Inefficient or lacking in planning and organization skills
- ___ Difficulty with flexible thinking/adapting/ToM