Innovative Therapy Services

Pediatric Speech-Language Services

Expect the best in learning Speech, Language and Social Skills

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School-Age Child Questionnaire

General Information

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City:_____ Zip Code:_____

Does the Child Live with Both Parents?_____

Mother's Name:_____ Age:_____

Mother's Occupation:_____ Business Phone:_____

Father's Name:_____ Age:_____

Father's Occupation:_____ Business Phone:_____

Referred by:_____ Phone:_____

Address:_____

Pediatrician:_____ Phone:_____

Address:_____

Family Doctor:_____ Phone:_____

Address:_____

List the people who live with the child now, age, relationship, occupation/school grade:

_____

_____

_____

_____

What languages does the child speak? What is the child's dominant language?

What languages are spoken in the home? What is the dominant language spoken?

History of the speech and language problem

Describe the main problem/speech-language issues for which you are seeking help.

When was the problem first noticed? By whom?

What do you think may have caused the problem?

Has the problem changed since it was first noticed? Please describe.

How does the child usually communicate? (gestures, single words, short phrases, sentences?)

How does the problem affect the child's behavior/attitude?

Describe how the problem has impacted the family.

What are your expectations from therapy? What are your goals for the child?

Have any other speech–language specialists seen the child? Who and when? What were their conclusions or suggestions?

Have any other specialists (physicians, audiologists, psychologists, special education teachers, etc.) seen the child? If yes, indicate the type of specialist, when the child was seen, and the specialist's conclusions or suggestions.

Are there any other speech, language, or hearing problems in your family? If yes, please describe.

Prenatal and Birth History

Mother's general health during pregnancy (illnesses, accidents, medications, etc.).

Length of pregnancy:_____ Length of labor:_____

General condition:_____ Birth weight:_____

Circle type of delivery: head first ◯ feet first ◯ breech ◯ Caesarian ◯

Were there any unusual conditions that may have affected the pregnancy or birth? Please describe.

Provide the approximate age at which the child began to do the following activities:

Crawl_____ Sit_____ Stand_____

Walk_____ Feed self_____ Dress self_____

Use toilet_____ Use single words (e.g., *no*, *mom*, *doggie*)_____

Combine words (e.g., *me go*, *daddy shoe*)_____

Name simple objects (e.g., *dog*, *car*, *tree*)_____

Use simple questions (e.g., *Where's doggie?*)_____

Engage in a conversation_____

Medical History

Has the child had any surgeries? If yes, what type and when (e.g., tonsillectomy, tube placement)?

Describe any major accidents or hospitalizations.

Is the child taking any medications? If yes, identify.

Have there been any negative reactions to medications? If yes, identify.

Does the child have allergies? If yes, please list each allergen and describe the child's response to contact with the allergen.

Please describe immediate action to be taken in case of contact with allergen(s).

Educational History

List the schools that the child has attended or is currently attending.

School attended	District/City	Grade level

Are there any academic difficulties reported? By whom? Please describe.

Describe your child's learning style. What helps increase understanding? Is he/she a visual, auditory, or tactile learner?

Are there any behavioral difficulties reported? By whom? Please describe.

Please describe your child's interaction with his/her teachers and classmates.

Does the child receive special services? If yes, describe.

If enrolled for special education services, has an Individualized Educational Plan (IEP) been developed? If yes, describe some of the goals.

If your child receives homework, how long does it take to complete? How much help is needed?

Family-Social History

Please tell us about your family leisure-time activities.

What are your child's favorite toys/activities?

Please describe how the child relates to his/her siblings.

Does your child have playmates? Describe their play and how your child interacts with others (e.g. shy, aggressive, etc.). What are their ages?

What is your mode of discipline?

Describe any behavioral or emotional issues.

Describe your child's strengths and unique qualities.

Person completing form:_____

Relationship to the child:_____

Signed:_____ Date:_____