

# ***Elizabeth I. Smith, M.A., CCC***

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## **SPEECH & LANGUAGE EVALUATION QUESTIONNAIRE**

Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Lives with child? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Lives with child? \_\_\_\_\_

Other Children in Family:

Name	Age	Grade	Speech/Lang. problems?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other persons living in the home: \_\_\_\_\_

Name/Address of Physician/Pediatrician: \_\_\_\_\_

\_\_\_\_\_

Name of person who referred you: \_\_\_\_\_

In your own words, please describe as completely as possible your child's speech & language difficulties, and any other concerns you may have about his overall behavior.

**BIRTH HISTORY**

Length of pregnancy:\_\_\_\_\_ Length of Labor:\_\_\_\_\_

Birth weight:\_\_\_\_\_ Age of mother at child's birth:\_\_\_\_\_

Unusual events accompanying birth: (jaundice, use of instruments, breech, caesarean, etc.)

Difficulty initiating breathing?\_\_\_\_\_ Oxygen use?\_\_\_\_\_ Transfusions?\_\_\_\_\_

Was child premature:\_\_\_\_\_ How early?\_\_\_\_\_

Was child post-term?\_\_\_\_\_ How much?\_\_\_\_\_

Mother's health during pregnancy:

- German measles?\_\_\_\_\_
- Influenza?\_\_\_\_\_
- Hemorrhage?\_\_\_\_\_
- Drug or alcohol use:\_\_\_\_\_
- Other:\_\_\_\_\_

\_\_\_\_\_

**HEALTH HISTORY OF CHILD**

Child's health during 1<sup>st</sup> two weeks of life:\_\_\_\_\_

Describe any accidents or operations:

Illnesses: (include ages & frequency of ear infections; high fevers; etc.)

Has you child had any seizures, convulsions, or unconscious episodes?\_\_\_\_\_ If so, give age at which they occurred and reason for their occurrence.

Allergies: \_\_\_\_\_

Is child on any medications? \_\_\_\_\_ If so, list the names, how long child has been on them, and reason.

### **DEVELOPMENTAL HISTORY**

At what ages did your child do the following?

Smile \_\_\_\_\_ Give up bottle completely \_\_\_\_\_

Sit unsupported \_\_\_\_\_ Toilet-trained \_\_\_\_\_

Crawl \_\_\_\_\_ Walk alone \_\_\_\_\_

Feed self \_\_\_\_\_ Dress self \_\_\_\_\_

### **SPEECH & LANGUAGE DEVELOPMENT**

At what age did your child babble? \_\_\_\_\_

At what age did your child start to use meaningful words? \_\_\_\_\_

Examples: \_\_\_\_\_

At what age did your child begin to talk in understandable short sentences?

Examples: \_\_\_\_\_

If your child has no speech, how does he communicate with other members of the family?

Does your child seem to understand what you say to him?

How understandable is your child's speech when you know the topic of his conversation?

How understandable when topic is UNknown?

If your child has ever used more speech and language than he does now, please describe and explain the situation.

When did his speech or language become a problem?

Has his hearing been checked? \_\_\_\_\_ If so, when, by whom, and what were the results?

Is child teased about his speech? \_\_\_\_\_

### **EDUCATIONAL HISTORY**

Name of school: \_\_\_\_\_ Grade: \_\_\_\_\_

Present attitude toward school: \_\_\_\_\_

Favorite activities/subjects: \_\_\_\_\_

Difficult activities/subjects: \_\_\_\_\_

Has he repeated any grades? \_\_\_\_\_ If so, which? \_\_\_\_\_

Has your child been evaluated elsewhere (psychological, speech/language, occupational therapy, etc.)? \_\_\_\_\_ If so, please list where & approximate dates:

### **BEHAVIORS**

Difficulty concentrating? \_\_\_\_\_ Difficulty sleeping? \_\_\_\_\_

Temper tantrums? \_\_\_\_\_ How often? \_\_\_\_\_ When? \_\_\_\_\_

Easily frustrated? \_\_\_\_\_

## **SOCIAL HISTORY**

How does your child get along with other family members?

With children outside the family?

Does he prefer to play by himself or with others?

Do you consider your child's level of activity to be normal for his/her age?

What do you like best about your child?

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*Signature of person completing this form*