

Lighthouse Christian Academy - Speech and Language Services

SPEECH AND LANGUAGE QUESTIONNAIRE FOR SCHOOL AGED CHILDREN

BACKGROUND INFORMATION

Student's Name: _____ Female Male

Date of Birth: _____ Age: _____

School: _____ Grade: _____ Teacher: _____

Parent's (legal guardian's) Name: _____

Address (with postal code): _____

Home Phone: _____

Parent's (legal guardian's) Name: _____

Address (with postal code): _____

Home Phone: _____

Child lives with mom dad both parents

Main language(s) spoken at home: _____

SPEECH AND LANGUAGE CONCERNS:

1. What is the main concern regarding the student's speech and language skills? _____

2. Does the student communicate using sentences appropriate for his/her age? yes no
3. Does the student follow directions and understand what you're saying?
 yes no sometimes
4. Do you notice grammatical errors in the student's speech and/or written work?
 yes no sometimes
5. Does the student have difficulties understanding oral discussions or reading passages?
 yes no sometimes
6. Does the student interact and communicate with his/her friends in the classroom?
 yes no sometimes
7. How much of the student's speech can you understand? about 25% about 50%
 about 75% almost all speech is not a concern

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8. If the clarity of their speech is a concern, does the student (check all that apply)
 omit sounds substitute sounds distort sounds not sure
9. What sounds or letters does the student have difficulty saying? _____

10. Is the student's voice hoarse or nasal? yes no sometimes
11. Do you have concerns that the student may be stuttering? yes no not sure
If yes, for how long has this been happening? _____
Please describe what they are doing: _____

MEDICAL HISTORY

Please describe any medical difficulties that the student has experienced that may be impacting on their speech and language development. (e.g. severe illness, accident, medication, chronic colds, allergies, et cetera)

Does the student have any known family history of speech and language difficulties? yes no
If yes, please describe: _____

Are there concerns regarding the student's hearing? yes no

Has the student had his hearing checked? yes no

If yes, what were the results? _____

Has the student previously been seen by any of the following?:

Ears, Nose and Throat Specialist Occupational Therapist Physical Therapist
 other Speech-Language Pathologist Other: _____

Is there any additional information that may be helpful in working with this student?

I give permission for my child to be assessed and supported at school by Nathan Giesbrecht, Speech and Language Therapist with *Playing With Words SLP*.

Parent Signature: _____ Date: _____