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Providing Speech & Language Therapy Services for Children Birth to 21+

PEDIATRIC SPEECH/LANGUAGE PARENT QUESTIONNAIRE

Date: _____

Child's Name: _____ Sex: M/F Birth date: ____/____/____

Age: _____ Parents: _____

Address: _____ Phone(H): _____

Work: _____ Cell/Mobile: _____

School Attends: _____ Grade/Level: _____ IEP/IFSP: Y/N, for?: _____

Teacher's Name: _____ School Phone: _____

Background Information

Complications, illness/infection/stress during pregnancy: Y/N (Describe) _____

Forceps/vacuum/C-section? Y/N Passed Newborn Hearing Screen?: Y/N Cleft Palate?: Y/N

Birth order: _____ Birth weight: _____ Premature/Post Mature/Full Term: (Circle)

Apgar score at 1 minute: _____ 5 minute: _____ Breast Fed: Y/N How long? _____

Problems with feeding or respiration? Y/N (describe) _____

Developmental Milestones: Please note approximate age at which he/she did the following:

Said first word: _____ 2-words together: _____ Phrases/Sentences: _____ Understands Directions: Y/N

Started to use Gestures (waving bye, pointing, arms to pick up): _____ Started Turn Taking: _____

Plays with Other Children: Y/N Imaginary Play: Y/N Plays Independently: Y/N

Health History: Ear infections? Y/N (how many, what ages): _____ Tubes (when): _____

When was the last time child's hearing was tested? _____ Cochlear Implant: Y/N Sign Language: Y/N

Use devices, gestures or pics to communicate: Y/N (describe) _____

Allergies? Y/N (describe): _____ Seizures? Y/N (describe) _____

Injuries? Y/N (describe): _____ Hospitalization? Y/N (describe) _____

Glasses? Y/N (condition) _____ Medications? Y/N _____

Who lives at home with your child? List siblings and ages: _____

Scoring: Use an 'X' to mark items which currently apply to your child, deleting/modifying parts of items as appropriate. Double 'X' (XX) items that are particular concern. Use a P to mark items that used to be a problem, but are now resolved. Add Comments, examples, additional information.

Voice:

- _____ Hoarse (sounds like losing voice), How often: _____
- _____ "Breathy speech"
- _____ Voice volume too soft or too loud _____
- _____ Voice pitch too high or too low _____
- _____ Has vocal tics (i.e. chirps, clears throat, gulps)
- _____ Loses air out nose (nasally, poor resonance)
- _____ Uses a voice that sounds abnormal compared to peers or siblings

Speech Articulation:

- _____ By age 2, I don't understand my child 50% of the time
- _____ By age 3, I don't understand my child 80% of the time
- _____ By age 4, I don't understand my child 100% of the time
- _____ Non-family does not understand my child most of the time
- _____ Mispronounces words (bisghetti, mazagine, etc.)
- _____ Deletes the first sound of words
- _____ Deletes the last sound of words
- _____ Mixes up sounds in words
- _____ Produces single words clearly but difficult to understand in conversation
- _____ Poor articulation

Fluency:

- _____ Stutters in most sentences
- _____ Stutters in most settings
- _____ Stutters at the beginning of sentences
- _____ Stutters on individual sounds (t-t-turtle)
- _____ Stutters on individual syllables (do-do-dog)
- _____ Stutters on whole words (cat-cat-cat)
- _____ Prolongs the first sound in words (sssssnake)
- _____ Has 'blocks' when no sound is coming out even though effort is being made to speak
- _____ Uses uncommon behaviors while talking (repetitive movements or facial gestures)
- _____ Uses inadequate rate or rhythm of speech
- _____ Fast talker

Receptive Language:

- _____ Difficulty following familiar classroom routines
- _____ Difficulty following single-step directions
- _____ Difficulty following multi-step directions
- _____ Difficulty understanding frequently used words
- _____ Difficulty understanding prepositions (in, on, to, of, since, until, under, over, above, below, etc.)
- _____ Difficulty understanding sequential terms (first/then, first/second/third, then/now, before/after)
- _____ Letter and number reversals
- _____ Poor reading speed and /or comprehension
- _____ Disorganized approach to tasks
- _____ Prefers talking to doing
- _____ Misunderstands meaning of verbal cues
- _____ Difficulty playing games such as "Simon Says" or "red light/green light"
- _____ Difficulty repeating a sentence

Scoring code: X = currently applies; XX= of particular concern; P = used to be a problem

- _____ Difficulty understanding question words (where, how, when, what, who)
- _____ Difficulty answering a question appropriately
- _____ Difficulty answering questions about a story
- _____ Difficulty following a classroom discussion
- _____ Difficulty understanding figurative language

Expressive Language:

- _____ Uses gesture to communicate more than words
- _____ Produces shorter utterances more than peers
- _____ Difficulty expressing wants and needs
- _____ Doesn't self-advocate for themselves
- _____ Difficulty explaining themselves
- _____ Difficulty explaining a situation
- _____ Difficulty sequencing the order of events when telling a story/describing an event
- _____ Slow or delayed responses
- _____ Word finding difficulty
- _____ Not precise in word selection
- _____ Limited use of descriptive vocabulary
- _____ Participates little in conversations
- _____ Uses filler words frequently (um, uh, well, you know)
- _____ Has difficulty recalling the name of known items
- _____ Uses immature grammar
- _____ Uses incorrect word order
- _____ Uses grammatically simple sentences
- _____ Doesn't consistently use complete sentences
- _____ Difficulty forming a question
- _____ Difficulty describing using attributes/functions
- _____ Difficulty retelling a story or event
- _____ Doesn't sequence events correctly
- _____ Doesn't include important details when retelling
- _____ Takes longer than peers to respond/initiate
- _____ Repeats/echoes others without understanding

Pragmatic Language:

- _____ Doesn't seek or maintain eye contact
- _____ Difficulty maintaining personal space boundaries
- _____ Difficulty using appropriate body language
- _____ Misinterprets body language or facial expressions
- _____ Difficulty using greetings or farewells
- _____ Difficulty initiating or ending conversations
- _____ Difficulty demonstrating topic maintenance
- _____ Difficulty revising message when misunderstood
- _____ Difficulty telling wants, needs, or preferences
- _____ Difficulty appropriately asking for help
- _____ Difficulty sharing feelings appropriately for age
- _____ Does not understand and use humor appropriately

Scoring code: X = currently applies; XX= of particular concern; P = used to be a problem

Feeding:

- ☐ Prefers/avoids crunchy or chewy foods (Circle appropriate)
- ☐ Hyperactive gag response
- ☐ Grinds teeth, bites or chews objects, clothing
- ☐ Examines objects by placing in mouth
- ☐ Avoids crunchy, chewy foods
- ☐ Picky eater. Prefers certain textures. List: _____
- ☐ Limits self to particular foods/temperatures. List: _____
- ☐ Will not taste food prior to smelling it and approving of its smell
- ☐ Prefers bland foods/highly seasoned foods (Circle appropriate)

Suck, Swallow, Breathe Synchrony:

- ☐ Difficulty using straw
- ☐ Poor lip closure on eating, drinking, utensils
- ☐ Limited skill with blow toys
- ☐ Unable to whistle
- ☐ Poor saliva control/drooling
- ☐ Tongue thrust
- ☐ Shallow breathing pattern
- ☐ Chokes easily on liquids and/or solids
- ☐ Holds breath when applying effort
- ☐ Poor breath support for speech-sounds out of breath in mid sentence
- ☐ Speech volume barely audible
- ☐ Puts hands on hips to increase lung capacity
- ☐ Mouth breathing
- ☐ Lower rib cage flared

Attention:

- ☐ Unusually high, low, fluctuating activity level
- ☐ Difficulty with transitions or change
- ☐ Difficulty modulating behavioral state
- ☐ Resistant to help from caregivers to modulate state
- ☐ Demonstrates defensive responses to non-noxious and harmless sensory events
- ☐ Difficulty attaining or maintaining optimum level of arousal for attending to task at hand

Emotional/Social Behavior:

- ☐ Intense, explosive
- ☐ Easily frustrated, anxious
- ☐ Can't sit still, hyperactive
- ☐ Clingy, whiny, cries easily
- ☐ Stubborn, inflexible, uncooperative
- ☐ Poor self-concept/low self-esteem
- ☐ Highly sensitive/can't take criticism
- ☐ Feelings of failure/frustration
- ☐ Gives up easily
- ☐ Hard to awaken
- ☐ "Up and ready to go"
- ☐ Hard to get to sleep
- ☐ Difficulty making choices
- ☐ Tantrums

Scoring code: X = currently applies; XX= of particular concern; P = used to be a problem

- _____ Restless/deep/light sleeper
- _____ Fearful (list): _____
- _____ Unable to adjust to changes in routine
- _____ Slow to, or unable to make timely transitions
- _____ Prefers company of adults to older children
- _____ Prefers to play with younger children
- _____ Seeks out adults when on playground
- _____ Easily discouraged or depressed
- _____ Enjoys team sports
- _____ Poor loser
- _____ Fails to see humor in situations
- _____ Needs more protection from life than peers
- _____ Accident prone
- _____ Difficulty expressing emotions verbally
- _____ Over serious
- _____ Active, outgoing, enthusiastic
- _____ Inefficient way of doing things
- _____ Engages in self-injurious behavior(s). List: _____
- _____ Engages in self-stimulatory behavior(s). List: _____

Signature _____

Date _____