



Speech Intake Questionnaire

Patient Information
Patient Name: _____ D.O.B. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Concerns
What is your main concern about your child's speech?
Has your child had any prior evaluations or therapy to address his/her speech? If so where?
What are your child's greatest strengths? What are your child's interests, hobbies, and favorite activities?
Medical History
Is there any significant birth history? (premature, delivery problems, etc.)
Please list any hospitalizations or surgeries.
Is there a history of ear infections? How many? What has been done to address ear infections?
Are there any other medical diagnoses? Is your child on any medications?
Is there a family history of speech and/or language delays or learning disabilities?
Is there any other pertinent medical or family history?

Other Developmental Milestones

Gross Motor (age met):

Crawling ___ Running ___ Walking ___ Climbing ___ Other:

Fine Motor (can the child?):

Use utensils ___ Tripod or fist grasp of crayon ___ Lace beads/cards ___ Finger Pinch ___ Use Scissors ___

Other fine motor concerns:

Feeding Issues :

Drink from a straw ___ Eat various textures ___ Chew/choking issues ___ Drink from a cup ___

Excessive Drooling ___ Other feeding concerns:

Speech and Language History

Did your baby coo and babble as a baby?

At what age did your child say his/her first word? If language is a concern, approximately how many words does your child currently say?

Does your child combine words? What is his/her average phrase or sentence length? Please include examples.

Does your child have difficulty producing sounds or combining sounds? Please provide examples of errors.

Is your child easily understood by others? If not does your child display frustration when not understood?

How does your child communicate (sounds, gestures, words, phrases, sign language, facial expressions, PECS, etc)? Please provide some examples.

Does your child respond to attention commands (no, stop, look)? Does your child follow routine commands (getting shoes on, getting ready for bed)?

Does your child follow 1 and 2 step directions? 3+ steps? Please provide examples.

Does your child understand basic concepts? (colors, body parts, more/less, size, prepositions, shapes, opposites, etc)

Does your child have difficulties with stuttering or vocal quality?

Play and Social Skills

Do you have any concerns about your child socially?

Does your child prefer solitary play or playing with others? Does your child exhibit parallel play or cooperative play?

Can your child exhibit joint and sustained attention to others in play?

Does your child engage in pretend play?

Does your child maintain eye contact while communicating?

Other Information

Is there any other pertinent information you would like to share?