



SPEECH AND LANGUAGE SUPPLEMENTAL HISTORY

1. How well do you feel your child understands? _____

2. Describe your child's primary means of communication (gestures, single words, incomplete sentences, full sentences, etc.) _____

3. How well can you understand your child's speech? _____
4. Did your child babble normally as an infant? Yes _____ No _____
5. Ages at which child: babbled _____ spoke 1st word _____
combined two words _____ used sentences _____
6. How well do you feel your child hears? _____
7. Has your child's hearing been tested? Yes _____ No _____
If yes:
When? _____ Where? _____
Results? _____
8. Does your child have a history of ear infections? Yes _____ No _____
If yes, describe treatment: _____
9. Does your child, or did he/she ever have trouble:
sucking? _____ chewing? _____ swallowing? _____ drinking from a cup? _____
10. Is your child a mouth breather? Yes _____ No _____
Does your child have Allergies? _____ Upper respiratory problems? _____
11. Does your child stutter? Yes _____ No _____
If yes, describe what your child does that you feel is stuttering:

12. Does your child have a normal vocal quality? Yes _____ No _____
If not, please describe: _____
13. Has your child had a speech and language evaluation prior to this one? _____
If yes:
Where? _____ When? _____
Recommendations? _____
14. Is your child now, or ever been, enrolled in speech/language therapy? _____
If yes:
Where? _____ Treatment Period? _____
Results? _____