

SPEECH THERAPY EVALUATION QUESTIONNAIRE

What is the reason for the Speech Therapy Referral?

Does your child go to school, preschool, or daycare? If so,
Where?
How often?
Do they receive speech services at school?

Are there any difficulties that we should be aware of before the evaluations (i.e. vision, hearing, behavior, motor etc.)?

Has your child had any other evaluations at another facility or at school (i.e. ST, OT, PT, psychological, swallowing, AAC, hearing)? If so **PLEASE BRING A COPY OF THESE EVALUATIONS TO YOUR EVALUATION APPOINTMENT.**

Have you noticed any drooling, difficulty chewing, coughing, or gagging when swallowing food or drinking? If so, please explain.

Can your child follow directions? (i.e. "Go to the kitchen and get a fork.")

How does your child tell you what they want? (i.e. grunts, points, use words etc.?)

Do other people have difficulty understanding your child?

What are some things that your child likes to do or toys he/she likes to play with at home?

Is your child on any medications? Please list and name. What is the medication for? Are there any side effects? Please list.

Has your child had or has an AAC device? If so what is the name of it?

