

Preschool Speech and Language History

Date:

Student’s name: Birth date:

1. Does/did your child have sucking, swallowing, drooling or feeding difficulties? Yes No

If yes, please explain:

2. Does your child attempt to imitate your speech? Yes No

3. At what age did your child speak his/her first words?

4. At what age did your child begin to combine 2 words?

5. How does your child request/make needs known? Give examples:

6. Does he/she name people and objects in his everyday environment? Yes No

7. Approximately how many words does your child use?

Less than 5  5-10  10-20  20-50  50 or more:

8. How much of what your child says can you understand?

9. What kinds of questions will your child answer?

Yes/No  What?  Where?  Who?  Why? Give examples:

10. Can your child retell a story or an event in his/her own words? Yes No

11. Does your child scream or make unusual noises?

If yes, please explain:

12. Can he/she follow directions you give? Yes No

13. Does your child follow a 2-step direction? For example, “Get your coat and shoes”? Yes No

14. How long will your child sit to be read to?

15. Is your child aware that his/her speech is different from playmates? Yes No

Hearing:

1. Has your child had a hearing screening test? Yes No

If so, what were the results?

1. Has your child had ear tubes inserted? Yes No
   1. At what age?
   2. Are they still in place? Yes No