

Preschool Speech and Language History

Date:

Student’s name:       Birth date:

1. Does/did your child have sucking, swallowing, drooling or feeding difficulties? If yes, please explain:

2. Does your child attempt to imitate your speech?

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?

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?

11. Does your child scream or make unusual noises? If yes, please explain:

12. Can he/she follow directions you give?

13. Does your child follow a 2-step direction? For example, “Get your coat and shoes”?

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

15. Is your child aware that his/her speech is different from playmates?

Hearing:

1. Has your child had a hearing screening test? If so, what were the results?
2. Has your child had ear tubes inserted?
	1. At what age?
	2. Are they still in place?