

For more information or to request alternate formats of this form for accessibility, please contact speechandlanguageclinic@durhamcollege.ca

This questionnaire is to help the therapist have a quick overview of your child's speech and language skills.

Child Information

First Name:

Last Name:

Age of Child:

Speech and Language Information

Is your child currently receiving speech language therapy from any other agencies?

Yes No

Please Specify:

Additional consent form will be provided to contact other therapists

What are your main areas of concern?

Expressive Language (vocabulary, grammar, sentence structure)

Receptive Language (understanding, auditory comprehension, following directions)

Articulation/Speech Sounds

Fluency/Stuttering

Voice and Resonance

Social Skills

Literary Skills (phonological awareness, reading, writing, narratives)

Is your child's speech difficult for others to understand? Yes No

Approximately how much of your child's speech do you understand?

Approximately how much of your child's speech do those less familiar with the child understand?

Does your child have difficulty following directions? Yes No

Does your child have difficulty answering questions? Yes No

Does your child speak in full sentences? Yes No

Does your child tell short stories? Yes No

Is your child aware or frustrated by his/her speech and language difficulties?
Yes No

List any of your child's interests and motivators that would help make sessions interesting and meaningful (Preferred toys/characters/activities)

Additional Comments:

Guardian Signature

Date:

Signature:

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