Therapist: _____
Evaluation Date: _____

PARENT QUESTIONNAIRE
SPEECH AND LANGUAGE THERAPY

Welcome to Children's Developmental & Rehab Services. The information you provide on this form will help us prepare for your child's upcoming speech-language evaluation. Please print and complete the form then fax or mail it to the clinic where your child's evaluation will be completed (contact information is on the last page).

Today's Date: _____

Child's Name: _____

Date of Birth: _____

Medical or Developmental Diagnoses: _____

School Diagnoses: _____

Language(s) Spoken at Home: _____

Caregiver's Name: _____ Relationship to Patient: _____

Caregiver's Name: _____ Relationship to Patient: _____

Brothers/Sisters:

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Who currently lives in the home? (including foster children and those living part time with family):

_____

Who is your child's primary caregiver? _____

REASON FOR REFFERAL

Who referred you to Children's? _____

What are your main concerns about your child's speech and language skills?

_____

_____

When did you first become concerned with your child's speech and language skills?

_____

What would you like your child to be doing 6 months from now?

_____

_____

SPEECH AND LANGUAGE DEVELOPMENT

How often does your child use the following ways to communicate?

1 word	Never ☐	Rarely ☐	Occasionally ☐	Frequently ☐
2 word phrases	Never ☐	Rarely ☐	Occasionally ☐	Frequently ☐
3 or more word sentences	Never ☐	Rarely ☐	Occasionally ☐	Frequently ☐
Gestures	Never ☐	Rarely ☐	Occasionally ☐	Frequently ☐
Signs	Never ☐	Rarely ☐	Occasionally ☐	Frequently ☐
Communication Device	Never ☐	Rarely ☐	Occasionally ☐	Frequently ☐

Does your child have a communication device? Yes ☐ No ☐

If yes, what type of device does your child use? _____

Does your child respond to his/her name? Yes ☐ No ☐

Does your child try to get you to notice interesting objects? Yes ☐ No ☐

When you point to a toy across the room, does your child look at it? Yes ☐ No ☐

Does your child engage in pretend play with toys (ex. feed a doll) Yes ☐ No ☐

Does your child play well with other children? Yes ☐ No ☐

If yes, what ages? _____

Do you have concerns about your child stuttering? Yes ☐ No ☐

If yes, when did the stuttering begin? _____

Has anything helped decrease your child's stuttering? _____

_____

Does your child seem to be aware of the stuttering? Yes ☐ No ☐

Do you have concerns about your child's voice (i.e. soft, hoarse, loud)? Yes ☐ No ☐

THERAPY

Has your child's speech-language development been evaluated before: Yes ☐ No ☐

If yes, when: _____ where (school, clinic, etc): _____

Results: _____

Is your child currently receiving:

Speech Therapy: Yes ☐ No ☐

If yes, how often: _____ where: _____

Occupational Therapy: Yes ☐ No ☐

If yes, how often: _____ where: _____

Physical Therapy: Yes ☐ No ☐

If yes, how often: _____ where: _____

Additional comments: _____

_____

EDUCATION

Does your child attend daycare? Yes ☐ No ☐

If yes, how often: _____ where: _____

Where does your child go to school? _____

School District: _____

Grade: _____

Does your child have an IFSP, IEP or 504 plan? Yes ☐ No ☐

MEDICAL HISTORY

Were there any problems during your pregnancy? Yes ☐ No ☐

Were there any problems during your child's birth? Yes ☐ No ☐

Has your child had any significant illnesses, injuries, and/or hospitalizations?

Yes ☐ No ☐

If yes to any of the above, please describe: _____

_____

_____

List any medications currently being taken: _____

_____

Does your child have any allergies (medicine, food, environment)? Yes ☐ No ☐

If yes, please list: _____

Has your child been evaluated by an ear, nose and throat (ENT) doctor? Yes ☐ No ☐

If yes, why: _____

Does your child have a history of frequent ear infections? Yes ☐ No ☐

If yes, please describe: _____

Does your child have ear (PE) tubes? Yes ☐ No ☐

Has your child's hearing been tested? Yes ☐ No ☐

If yes, when: _____ where (school, clinic, etc): _____

Results: _____

Has your child been seen by a psychologist? Yes ☐ No ☐

If yes, when: _____ where (school, clinic, etc): _____

Results: _____

Does your child have behaviors that:

Impact learning/school	Yes ☐	No ☐
Interfere with social interactions	Yes ☐	No ☐
Are aggressive towards self	Yes ☐	No ☐
Are aggressive towards other people	Yes ☐	No ☐
Are aggressive towards objects/property	Yes ☐	No ☐

If yes to any of the above, please explain: _____

_____

Does your child have a behavior plan? Yes ☐ No ☐

If yes, please explain: _____

_____

FEEDING DEVELOPMENT

Is your child's weight gain a concern? Yes ☐ No ☐

If yes, please explain: _____

_____

Does or did your child have difficulty starting to eat solid foods? Yes ☐ No ☐

Does or did your child have difficulty swallowing? Yes ☐ No ☐

Does your child allow his/her teeth to be brushed? Yes ☐ No ☐

Will your child allow you to touch his/her mouth on the inside? Yes ☐ No ☐

FAMILY HISTORY

Does your child have family members with any of the following concerns:

Speech or Language Yes ☐ No ☐ If yes, who? _____

Stuttering Yes ☐ No ☐ If yes, who? _____

Hearing Loss Yes ☐ No ☐ If yes, who? _____

Cleft Palate Yes ☐ No ☐ If yes, who? _____

Autism Spectrum Yes ☐ No ☐ If yes, who? _____

Developmental Delay Yes ☐ No ☐ If yes, who? _____

Reading or Learning Disability Yes ☐ No ☐ If yes, who? _____

ADHD Yes ☐ No ☐ If yes, who? _____

Additional comments or concerns: _____

_____

Please return this form as soon as possible to:

Minneapolis 2530 Chicago Avenue South, Suite 267, Minneapolis, Minnesota 55404
Phone: (612) 813-6709 **Fax:** (612) 813-6593
St. Paul 345 North Smith Avenue, St. Paul, Minnesota 55102
Phone: (651) 220-6880 **Fax:** (651) 220-7299
Minnetonka 5950 Clearwater Drive, Suite 500, Minnetonka, Minnesota 55343
Phone: (952) 930-8630 **Fax:** (952) 930-8640
Twin Lakes 1835 West County Road C, Suite 130, Roseville, Minnesota 55113
Phone: (651) 638-1670 **Fax:** (651) 638-1675
Woodwinds 1825 Woodwinds Drive, Suite 100, Woodbury, Minnesota 55125
Phone: (651) 232-6860 **Fax:** (651) 232-6766
Maple Grove 7767 Elm Creek Boulevard, Suite 300, Maple Grove, Minnesota 55369
Phone: (763) 416-8700 **Fax:** (763) 416-8701

Thank you. We look forward to meeting you and your child.