

Speech and Language Intake Questionnaire

Name: _____

What languages does the child speak? What is the child's dominant language? What languages are spoken in the home? What is the dominant language spoken at home?

Describe the child's speech–language difficulties.

How does the child typically communicate? (gestures, single words, short phrases, sentences?)

When was the problem first noticed? By whom?

Has the problem changed since it was first noticed?

Is the child aware of the problem? If yes, how does he or she feel about it?

When the child is with parents or other loved ones, how does the child express a desire for affection? _____

If the child gets hurt, how does he or she seek comfort? _____

How does the child respond when others attempt to engage the child in play or conversation?

Is echolalia present? _____

How does the child respond when the environment changes, (e.g., someone walks in, sudden noise)? _____

How does the child communicate wants or needs? _____

How does the child express emotions?

Anger: _____

Fear: _____

Frustration: _____

Happiness: _____

Sadness: _____

Humor: _____

Surprise: _____

Does the child use toys in typical and appropriate ways? _____

Does the child engage in pretend play? _____

Does the child appropriately anticipate and predict? _____

Does the child function better in one-on-one settings in comparison to group settings? If yes, in what ways? _____

If the child tries to communicate and is not understood, how does the child react?

Are there any other speech, language, or hearing problems in your family? If yes, please describe. _____

Are there or have there ever been any feeding difficulties (e.g., problems with sucking, swallowing, drooling, chewing)? If yes, describe. _____

Describe the child's response to sound (e.g., responds to all sounds, responds to loud sounds only, inconsistently responds to sounds)._____

How does the child interact with others (e.g., shy, aggressive, uncooperative)?

Provide any additional information that might be helpful in the evaluation or remediation of the child's speech/language challenges _____

Person completing form: _____

Relationship to client: _____

Signed: _____ Date: _____