

**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?

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Describe the child's speech–language difficulties.

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

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When was the problem first noticed? By whom?

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Has the problem changed since it was first noticed?

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

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

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

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

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Is echolalia present?

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

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How does the child communicate wants or needs? \_\_\_\_\_

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How does the child express emotions?

Anger: \_\_\_\_\_

Fear: \_\_\_\_\_

Frustration: \_\_\_\_\_

Happiness: \_\_\_\_\_

Sadness: \_\_\_\_\_

Humor: \_\_\_\_\_

Surprise: \_\_\_\_\_

Does the child use toys in typical and appropriate ways? \_\_\_\_\_

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Does the child engage in pretend play? \_\_\_\_\_

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Does the child appropriately anticipate and predict? \_\_\_\_\_

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

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

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

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

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

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

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

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Person completing form: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_