



Speech and Language Pre-Evaluation Questionnaire

Child Name: _____ Date of Birth: _____

Caregiver Information

Caregiver's Name: _____

Role in Child's Life: Parent Grandparent Foster Parent Other _____

What are your primary areas of concern? *Check all that apply*

- | | |
|--|--|
| <input type="checkbox"/> Speech Sounds | <input type="checkbox"/> Language in Social Settings |
| <input type="checkbox"/> Understanding Language | <input type="checkbox"/> Attention |
| <input type="checkbox"/> Expressing Self with Language | <input type="checkbox"/> Play Skills |
| <input type="checkbox"/> Quality of Voice | <input type="checkbox"/> Learning Difficulties |
| <input type="checkbox"/> Smoothness of Speech | <input type="checkbox"/> Recurrent Ear Infections |
| <input type="checkbox"/> Stuttering | <input type="checkbox"/> Other _____ |

Is there a history of any of the following in your family?

- | | |
|---|--|
| <input type="checkbox"/> Speech or Language Delay | <input type="checkbox"/> Stuttering |
| <input type="checkbox"/> Attention Deficit Hyperactivity-
Disorder | <input type="checkbox"/> Learning Difficulties |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Other : _____ |

What are your primary communication goals for your child at this time?

Speech Development Specific Questions

At what age were these communication milestones first met?

Communication Milestones	Age	Comments
Babble		
Say first word		
Use 2 words in combination		



Has your child's hearing been tested? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?		
Date	Physician	Results

Does your child have a history of recurrent ear infections or tubes in his/her ears?

Speech and Language Specific Questions

How does your child communicate his\her wants and needs during the day?

What forms of communication does your child currently use or have access to?
Please provide detail.

Verbal

Sign Language

Picture Exchange Communication System (PECS)

Speech Generating Device (Augmentative Communication Device)

Other: _____

NOTE: Please bring any assistive technology or devices to the evaluation.

Please provide as much information as possible. The speech and language pathologist will review this information for your child's initial evaluation.

UCP looks forward to serving you and your child!