MOUNDS VIEW SCHOOL DISTRICT #621
SPEECH/LANGUAGE DEVELOPMENT
PARENT QUESTIONNAIRE

CHILD’S NAME: ___________________________  BIRTHDATE: _______  AGE: _______
COMPLETED BY: ___________________________  LANGUAGE(S) SPOKEN AT HOME: ___________________________

INSTRUCTIONS:
Please read the following statements regarding your child’s speech and language skills. Consider each statement carefully and put an (x) along the scale that best describes your child.

1. I can understand what my child says. ___________________________  Almost always______ Sometimes______ Hardly ever______

2. Others can understand what my child says. ___________________________

3. My child’s sentences average 4 or more words in length. ___________________________

4. My child understands what I or others say in my home language. ___________________________

5. My child understands what I or others say in English. ___________________________

6. My child stutters (repeats or prolongs syllables and words) ___________________________

7. My child’s voice is hoarse or nasal. ___________________________

8. I am concerned about my child’s speech/language development and would like to talk to a speech/language clinician. (please circle) YES______ NO______

If yes, please indicate your specific concerns:
  Pronunciation of sounds (please list) ___________________________
  Comprehension ___________________________
  Ability to express ideas/thoughts ___________________________
  Stuttering ___________________________
  Other ___________________________

IF THE LANGUAGE YOU SPEAK AT HOME IS NOT ENGLISH, PLEASE ANSWER THE FOLLOWING QUESTIONS:
My child has been exposed to English YES______ NO______
If Yes, please answer the following questions:
My child was first exposed to English at the age of ___________________________
My child currently hears English: Almost always______ Sometimes______ Hardly ever______
My child currently hears English in the following settings: (check what applies):
  family members talking to each other ________ with relatives or friends ________ television ________
My child currently attends preschool or daycare: YES______ NO______
  If yes, how often and where? ___________________________