

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.

Almost always

Sometimes

Hardly ever

1. I can understand what my child says. \_\_\_\_\_
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? \_\_\_\_\_