

# Speech-Language Therapy Parent Input Form

Child's Name: \_\_\_\_\_  
Birth date: \_\_\_\_\_

Date: \_\_\_\_\_  
Age: \_\_\_\_\_

Names of Parents: \_\_\_\_\_  
Siblings (names & ages): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Statement of Speech and Language Difficulty

Child's primary language: \_\_\_\_\_ Language(s) spoken in the home: \_\_\_\_\_

Describe in your own words what problem your child is having with speech, language &/or hearing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did your child's speech and language skills first become an area of concern? \_\_\_\_\_

Have any of your child's **relatives** had speech and language difficulties? If so, who & what type of difficulty did they have? \_\_\_\_\_

How does your child typically communicate? Circle all that apply.

Gestures & Pointing

Short Phrases

Other: \_\_\_\_\_

Screaming

Single Words

Sentences

How much of what your child says do you understand? \_\_\_\_\_% intelligible

How much of what your child says do other people understand? \_\_\_\_\_% intelligible

Does your child receive any **speech therapy services in school**? Yes or No

If yes, what is the focus of their speech therapy? \_\_\_\_\_  
\_\_\_\_\_

Is your child currently taking any **medications**? If so, what are they? Yes or No

\_\_\_\_\_  
\_\_\_\_\_

# Does your child have difficulty with the following?

Please answer by circling & provide explanations as needed:

1 – *Never a problem*

3 – *Frequently a problem*

2 – *Sometimes a problem*

4 – *Always a problem*

## Listening

- |   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | Understanding & following 1-2 step directions                                     |
| 1 | 2 | 3 | 4 | Understanding age-level vocabulary  |
| 1 | 2 | 3 | 4 | Responding appropriately to questions (e.g., yes/no, who, what, when, where, why) |
| 1 | 2 | 3 | 4 | Responding to questions within expected time period                               |
| 1 | 2 | 3 | 4 | Difficulty attending to what is said  |
| 1 | 2 | 3 | 4 | Ignoring distractions   |
| 1 | 2 | 3 | 4 | Understanding basic concepts (e.g., on, off, before, after)                       |
| 1 | 2 | 3 | 4 | Listening to a complete storybook   |
| 1 | 2 | 3 | 4 | Understanding new/novel ideas   |
| 1 | 2 | 3 | 4 | Using age-appropriate grammar skills  |
| 1 | 2 | 3 | 4 | Asking questions  |
| 1 | 2 | 3 | 4 | Retelling stories   |
| 1 | 2 | 3 | 4 | Sharing ideas   |
| 1 | 2 | 3 | 4 | Sequencing stories  |
| 1 | 2 | 3 | 4 | Asking for help when needed   |

## Socializing

- |   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | Looking at people when talking or listening                 |
| 1 | 2 | 3 | 4 | Maintaining conversation                                    |
| 1 | 2 | 3 | 4 | Understanding facial expressions, gestures or body language |
| 1 | 2 | 3 | 4 | Using his/her own words (vs. repeating what others say)     |
| 1 | 2 | 3 | 4 | Playing with other children                                 |
| 1 | 2 | 3 | 4 | Following routines  |
| 1 | 2 | 3 | 4 | Coping with changes in routine                              |
| 1 | 2 | 3 | 4 | Transitioning between activities                            |

## Behavior

- |     |    |   |
|-----|----|---|
| Yes | No | Is your child easily frustrated because of lack of communication skills? Describe:        |
| Yes | No | Is your child having behavior difficulties in structured situations, such as school?      |
| Yes | No | Is your child having behavior difficulties in unstructured situations, such as play time? |
| Yes | No | Is your child aggressive with you, your other children, or peers?                         |
| Yes | No | Does your child try to make himself/herself understood? If yes, describe: _____           |

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