

SPEECH HISTORY FORM

Child's Name _____ Current Age _____

What are your concerns regarding your child's speech?

When did you first become concerned? _____

Has anyone in your family had speech/language difficulties? Yes No

If so, please Explain: _____

When did your child begin talking? _____

How would you describe your child's speech? (Choose one)

- Easily understood by everyone
- Understood by familiar listeners
- Able to understand a few words here and there
- Cannot understand at all
- Only points or shows you what is wanted

How does your child communicate with you? (Check all that apply)

- Gestures/pointing
- Sign language
- Single Words
- Phrases (2 -3 words at a time)
- Sentences (4 + words at a time)
- Other: _____

Do you have any feeding or swallowing concerns? Yes No

If so, please explain: _____

Is your child a picky eater? Yes No If yes, please list the foods your child will eat:

Is English the only language spoken at home? Yes No

If no, please list other languages: _____