

GEHLEN CATHOLIC SCHOOL

SPEECH/LANGUAGE DEVELOPMENTAL QUESTIONNAIRE

Child's Name: _____	Child's Date of Birth: _____
Parents: _____	Address: _____
Home Phone: _____	Cell Phone: _____

Your child may be screened during the Preschool year at teacher or parent request.

Yes No 1. Do family members and other people frequently have difficulty understanding your child's speech?

Yes No 2. Does your child ever become frustrated because of his/her speech or language?

Yes No 3. When your child talks, are his/her sentences always less than five words in length?

Yes No 4. Does your child have difficulty understanding directions?

5. Does your child have difficulty with any of the following:

Yes No Carrying on a conversation with you by telling you what he/she is doing?

Yes No Asking questions such as why, when, and how?

Yes No 6. Are you concerned about your child's hearing?

Yes No 7. Do you feel your child stutters?

Yes No 8. Do you have any questions or comments about your child's speech and language development?