



SPEECH FORM (K-4 ONLY)

Student Name: _____ **Date of Birth:** _____ **Grade:** _____

1. At what age did your child begin to talk (words)? _____

2. Do you consider that your child has a speech problem? ____ Yes ____ No

3. Please check all your concerns from the following list – my child:

- Has Unclear or Garbled Speech
- Had Difficulty Expressing Wants
- Uses Incomplete Sentences
- Needs Instructions Repeated Often
- Repeats What He or She Says
- Does Not Remember Simple Information From Day to Day
- Gives Inappropriate Answers to Questions
- None of the Above

4. Has your child ever attended a pre-school program? ____ Yes ____ No
If yes, where? _____

5. Has your child ever attended speech/language classes at a speech clinic or in school? ____ Yes ____ No
If yes, where? _____ when? _____

6. Does your child appear to hear normally? ____ Yes ____ No
If not, when does he/she have difficulty? _____

7. Please check all your concerns from the following list – my child:

- Has Trouble Hearing
- Asks People to Repeat or Talk Louder
- Favors One Ear Over the Other
- Is Startled at Sudden Noises
- Has Earaches
- Speaks Loudly
- Watches a Person's Face When That Person Talks
- None of the Above

Signature of Parent/ Guardian

Date