

Parent Interview for Initial Speech/Language Evaluation

Your child's full name _____ **Birth date:** _____

Name of person filling out this form _____

History of Pregnancy and Birth:

During this pregnancy, did the mother experience and unusual illness, condition or accident, such as German measles, false labor, or Rh incompatibility. If so, describe:

Length of pregnancy: Duration of labor _____ **Birth weight** _____

Unusual conditions at or immediately after birth:

Did the infant have: Feeding problems _____ **Seizures** _____

Development:

Did your child walk, run, sit-up at normal ages? _____

About how old was he/she when toilet trained? _____

Does he/she seem awkward, uncoordinated? _____

Does he/she have difficulty chewing or swallowing? _____

Medical, Social, Educational:

Is your child in good health at this time? List any physical or medical handicaps: _____

Speech Development:

About what age did your child say ma-ma or daddy?

When did he start using sentences or putting words together?

Did speech development ever seem to stop for a period?

Has there been a change in his/her speech in the last six months?

Does he seem to be aware of his/her speech difference?

What efforts have been made to help him/her talk better?

Do others tease the child about his speech?

What is his reaction to his speech?

Has the child had a prior speech or hearing examination?

If so, please state when the examination was given, by whom, and for what reason: _____

If there is additional information, which you feel, will help us to understand your child better, please describe:

