

Speech Therapy – Infant/Young Child

(Form contains information for younger children (0 to 4 years, 11 months))

Patient Name: _____

Date of Birth: _____

Depending on your child's abilities, some questions may not be applicable.

What are your concerns about speech and language development?

Oral Motor Function

Daily Activities	Yes	No	Comments
Accepts tooth brushing			
Eats a variety of foods			
Chews and swallowing foods at developmentally appropriate level			
Drinks from developmentally appropriate cup			
Sucks through straw			
Blows nose			
Blows bubbles			
Blows raspberries (Lip vibrations)			
Drools more than other children his/her same age?			

Feeding History

1. How was your child fed as an infant? Bottle Breast
2. Did you experience any complications with feeding? Yes No (Difficulty with latching, lactation consultant, gagging or choking, GERD, difficulty transitioning from breast to bottle and /or bottle to solid food)

3. What age was solid food introduced? Please describe this transition. (age, behaviors, willingness to interact with food)

4. Please list any questions or concerns regarding your child's eating habits.

5. Describe mealtimes with your child? (no issues at mealtime, excepts a variety of food, picky eater, mealtimes take longer than expected, avoidance or behavioral issues related to mealtime)

Communication Style:

1. What does your child do or say when they need help (opening a container or getting drink of water)?

2. How does your child let you know they want an object that is out of reach?

Language Development

If your child is talking, please indicate at what age your child began to:

Behavior	Age/Date Achieved (can be approximate)	Not achieved yet	Comments
Baby's first joyful smile			
Eye gaze for social interaction			
Babble			
First word			
Use meaningful sounds/words approximations			
Use 50 – 100 words			
Use language as primary form of communication			
Use 2 – 3 word sentences			
Use 6 – 8 word sentences			

1. Does your child:
Yes No Sometimes Uses gestures, pointing or showing to communicate with others?

- Yes No Sometimes Make noises while playing alone?
 Yes No Sometimes Appear to know names and meanings of common words?
 Yes No Sometimes Uses pointing or gestures to be understood or to communicate his/her wants and needs?
 Yes No Sometimes Follow one-step directions such as: Routine "Get your shoes"?
 Yes No Sometimes Follow one-step directions such as: Non Routine "Get the ball"?
 Yes No Sometimes Have difficulty with grammar or sentence structure?
 Yes No Sometimes Answer questions? What types? _____("wh" questions, yes/no)
 Yes No Sometimes Initiate conversation?
 Yes No Sometimes Maintain topic?
 Yes No Sometimes Tell simple stories about every day events?
 Yes No Sometimes Talk about past and future events/activities?

2. How much of your child's speech do you understand? Please circle one.
 10% or less 11-20% 21-50% 51-70% 71-100%

3. How much of your child's speech do others understand? Please circle one.
 10% or less 11-20% 21-50% 51-70% 71-100%

4. Do you or others understand MORE or LESS of your child's speech as sentence length increases?
 (Circle One)

5. How often does your child get frustrated when he/she is not understood? Please circle answer. - Yes
 No
 Once per day Multiple times per day Weekly

6. What does your child do when others can't understand what he/she is trying to say?

Behavior	Yes	No	Comments
Point / Gesture			
Repeat words			
Rephrase			
Show Frustration			
Give up or walk away			

7. From your point of view, please answer the following questions about your child's understanding of language.

A. Is your child able to understand (check as many as applicable) - could put a table here with examples (gestures - understands a point - arms out to come, names of familiar people and things, etc.

Forms of Communication	Yes	No	Comments
Pointing			

Gestures (putting hands up for a hug, waving)			
Common Words (names of family, food, toys, action words)			
Short phrases			
Sentences			
Simple stories			

B. Do gestures have to be used for your child to understand words, short phrases or sentences?
 Yes No Sometimes

8. If your child is using one to two word sentences, please list examples of the words below. (verbs, nouns, adjectives).

Play and Socialization Skills

1. Describe your child's typical play behaviors with toys and people.

2. Does your child make noises when they play? (car noises, baby crying, sound effects) When is your child the most vocal?

3. When given a choice, does your child prefer to play alone or with others? Alone Others

4. Does your child prefer to play with adults or peers? _____

5. How does your child greet someone when that person is arriving or leaving the room?

6. Does your child like to play any social games with you ("peek" or "I'm going to get you")? How does your child ask to play these games or keep the game going?

7. How does your child get you to look at something that they want you to notice?

8. How does your child express their feeling? (Happy, sad, mad)

9. What are your child's favorite toys/activities that will be helpful for them to feel comfortable during the evaluation?

Parent Education and Strategies:

1. What type of learning activities have you found helpful to address your child's language development (baby signing, community classes, picture systems, etc.)?

**Thank you for taking the time to complete this form.
Your contribution to this evaluation process is greatly appreciated and valued.**