

**WEST ALLEGHENY SCHOOL DISTRICT
SPEECH AND LANGUAGE QUESTIONNAIRE**

Student: _____

Birthdate: _____

Parent: _____

Phone Number: _____

1. Do you feel your child has difficulty pronouncing certain sounds or words?
_____ Yes _____ No Please explain.

2. Do you feel your child has difficulty speaking fluently or that he stutters?
_____ Yes _____ No Please explain.

3. Do you feel your child has difficulty with any of the following
A. Using complete and correct sentences _____ Yes _____ No
B. Retelling/Explaining events or stories _____ Yes _____ No
C. Identifying or naming common objects _____ Yes _____ No
D. Following simple directions or commands _____ Yes _____ No
 ("Put the truck in the box")
 Please explain.

4. Does your child have any physical limitations that would affect speech/language:
(i.e. cleft palate, hearing loss, etc.) _____ Yes _____ No

5. Has your child ever had a speech/language screening? _____ Yes _____ No
Please explain.

6. Have speech/language services ever been recommended for your child:
Please explain. _____ Yes _____ No

7. Has your child ever been enrolled in a speech/language program? (Such as Dart,
Headstart, etc.) _____ Yes _____ No Please explain.

8. Do you have any concerns about your child's speech or language?
_____ Yes _____ No Please explain: