

Pre-Kindergarten Speech and Hearing Survey

Child's Name _____ Birthdate _____

Parent's Name _____ Date _____ Phone _____

This information will be very helpful in planning an optimal educational program for your child. Please complete the following checklist. You may make additional comments, if desired, on the bottom of this form.

Yes

No

HEARING

_____ _____ Child's hearing is believed to be normal
If not, please explain _____

_____ _____ Child has history of ear infections.

SPEECH AND LANGUAGE

_____ _____ Child has difficulty saying many sounds.
Please list _____

_____ _____ Child has difficulty speaking in sentences.

_____ _____ Child talks very little.

_____ _____ Child has a voice problem: pitch, volume,
quality; i.e. hoarseness, harshness, nasality.

_____ _____ Child has excessive episodes of stuttering.

_____ _____ In your opinion, is your child's speech and language development
appropriate for his/her age?

_____ _____ Child may need some help from the speech-language pathologist.

Additional comments about your child's speech or hearing. _____

