

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.

HEARING

YES **NO**

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

- Child has a 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 (hoarseness, harshness, nasality).

- Child has excessive episodes of stuttering.

- In your opinion, is your child's speech and language development appropriate for age?

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

Please list any additional comments about your child's speech or hearing.

