

PRE-KINDERGARTEN SPEECH AND HEARING SURVEY

Child's Name _____

Birth Date _____

Parent's Name _____

Phone _____ Date _____

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 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. _____

