

Pre-Kindergarten Speech and Hearing Survey

Child's name: _____ Birthdate: _____

Parent's name: _____ 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, at the bottom of this form.

Yes	No	HEARING
_____	_____	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, hoarseness, harshness, nasality, etc.)
_____	_____	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:
