



SPLASH

SPEECH THERAPY

Parent Questionnaire

1. Please give a brief overview of your child's communication history and any therapy services previously received or currently receiving.
2. Please describe your concerns regarding your child's speech and language abilities at this time.
3. How does your child communicate with you? Gestures, words, phrases, sentences?
4. What percent of your child's speech is intelligible (or understood) to familiar and unfamiliar listeners?
5. Please describe your child's social play skills and interactions with peers.
6. Does your child understand you? Can he/she follow 1,2, or 3 step directions?
7. Does your child have any behavioral difficulties?
8. What are you looking to get out of speech therapy services?