

SPEECH LANGUAGE THERAPY

parent interview

Child's Name: _____

Date: _____

1. What are your main concerns?
2. Has your child previously received speech therapy? Currently in therapy? Where/how many times per week/ duration of sessions/ individual or group?
3. Has your child previously received or currently receive any other types of therapy?
4. Who does your child spend the most time with?
5. Does your child currently attend daycare or school? How often? How are they doing in school?
6. How does your child interact with other adults? Children?
7. How does your child let you know when they want something?
8. How is your child's hearing? When is the last time hearing was checked?
9. Does your child become frustrated due to speech/language difficulties?

10. How much screen time does your child have per day?
11. How many words are in the longest phrase your child has said?
12. Estimate of % intelligibility?
13. Does your child have any aversions to food?
14. Does your child currently use a bottle, sippy cup, or pacifier? How often?

Does your child...

- ☐ repeat sounds, words or phrases over and over?
- ☐ understand what you are saying?
- ☐ retrieve/point to common objects upon request (ball, cup, shoe)?
- ☐ follow simple directions ("Shut the door" or "Get your shoes")?
- ☐ respond correctly to yes/no questions?
- ☐ respond correctly to who/what/where/when/why questions?

Your child currently communicates using...

- ☐ body language. ☐ sounds (vowels, grunting). ☐ words (shoe, doggy, up). ☐ 2 to 4 word sentences.
- ☐ sentences longer than 4 words. ☐ other _____

Behavioral Characteristics:

- ☐ cooperative ☐ restless ☐ attentive ☐ poor eye contact ☐ willing to try new activities ☐ easily distracted/short attention ☐ plays alone for reasonable length of time ☐ destructive/aggressive ☐ separation difficulties ☐ withdrawn
- ☐ easily frustrated/impulsive ☐ inappropriate behavior ☐ stubborn ☐ self-abusive behavior

Additional Comments: