

**KINDERGARTEN ROUNDUP
SPEECH/LANGUAGE QUESTIONNAIRE
Clinical Speech/Hearing Department
Grant Wood Area Education Agency**

Child: _____

Birthdate: _____

Parent/Guardian: _____

Street Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date: _____

Please circle "yes" or "no" to the following questions:

- | | | |
|--|-----|----|
| 1. Do family members and other people frequently have difficulty understanding your child's speech? | yes | no |
| 2. Does your child ever become frustrated with his/her speech or language? | yes | no |
| 3. When your child talks, are his sentences often <u>less than</u> five words in length? | yes | no |
| 4. Does your child have difficulty understanding directions? | yes | no |
| 5. Does your child have difficulty carrying on a conversation with you by telling you what he/she is doing, relating past information or asking questions such as why, when and how? | yes | no |
| 6. Do you frequently need to talk loudly for your child to hear you? | yes | no |
| 7. Are you concerned about your child's hearing? | yes | no |
| 8. Do you think your child stutters? | yes | no |
| 9. Does your child always have a hoarse voice, sound like he/she has a cold or sound like he/she is talking through his/her nose (nasal)? | yes | no |
| 10. Has your child been checked through Grant Wood AEA's three-year-old screening, CHILD CHECK? | yes | no |
| 11. Do you have any concerns about your child's speech and language development? | yes | no |

If yes, please explain: _____

