



HORN AND ASSOCIATES IN REHABILITATION, PLLC

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Speech and Language Therapy Questionnaire

Child's Name _____ Date of Birth _____

Describe the main speech/language difficulty in which you are seeking services.

Are there any medical/emotional/environmental factors that you believe contribute to the speech/language difficulty? If yes, please describe.

How does the child communicate (eye gaze, facial expressions, gestures, signs, augmentative communication system, vocalizations, simple words, phrases, sentences)?

How does the speech/language difficulty affect the child's behavior and ability to participate in daily activities?

Are there hearing concerns with the child? If so, please describe and indicate if a hearing test has been completed.

Feeding Concerns

Are there feeding concerns with the child? If so, please describe.

Please describe your child's abilities to transition from a bottle to a cup, transition to purees, and transition to table foods.

Is your child able to take food from a spoon/utensil? Finger feed? Feed self with utensils? Drink from an open cup? Drink from a straw?

Is drooling an issue with your child? If so, please describe.

Does your child take a pacifier? Suck on fingers? Bite nails? _____



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What are your child's preferred foods and textures? What textures/foods does your child refuse? Is gagging or vomiting present when trying non-preferred foods?

Describe any medical concerns with feeding, including history of reflux, allergies, GI issues, etc.

Academic Concerns

Are there academic concerns with the child? If so, please describe.

Please your child's educational history (i.e., schools attended, special services provided at school, etc.).

Does your child have difficulty following multiple step directions, remembering facts or details of stories, understanding the main idea of a story, or retelling a story?

What is your child's learning style? What are your child's strengths and weaknesses with learning?
