



Developmental Therapy Associates
& Absolute Speech and Language Therapy

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SPEECH QUESTIONNAIRE

Child's name: Last name First name

Child's date of birth:

Questionnaire completed by:

Relationship to Child:

Has your child ever had a speech evaluation: Yes No

If yes, where:

If yes, when:

Has your child ever had speech therapy: Yes No

If yes, where:

If yes, when:

Has your child ever had other therapy (occupational therapy, physical therapy, etc): Yes No

If yes, what type of therapy:

Where:

When:

If applicable, is your child still receiving therapy: Yes No

Any additional information you would like to relay:

Family History

Family history of speech delay/disorder: Yes No

If yes, who in the family had/has a speech delay/disorder:

If yes, what type of speech delay/disorder:

If yes, did family member receive speech therapy: Yes No

Any additional comments:

Is your child currently diagnosed with or is there any family history of the following disorder/diagnosis (if yes, please list child or family member(s))

Disorder	Family Memeber	
Apraxia	Yes	No
Fluency	Yes	No
Articulation delay	Yes	No
Autism	Yes	No
Auditory processing	Yes	No
Cleft palate	Yes	No
ADD/ADHD	Yes	No
Seizures	Yes	No
Hearing impairment/ frequent ear infections	Yes	No

Are there other languages than English spoken at home: Yes No

If yes, please list language(s):

Does your child have difficulty producing sounds: Yes No

If yes, which sounds do you notice them having difficult with:

Is your child easily understood by family members: Yes No

Is your child easily understood by others: Yes No

Does your child ever get frustrated when they are not understood: Yes No

If yes, please provide more details:

Does your child stutter: Yes No

If yes, please provide more details:

Does your child follow simple directions: Yes No

Does your child follow multiple-step directions: Yes No

Does your child have any behavioral difficulties that we should be aware of: Yes No

If yes, please provide more details:

What are your current concerns regarding your child's communication:

How old was your child when you started becoming concerned with their communication skills:

What are your child's current interests/favorite toys:

Additional pertinent information that you would like to share: