

Parent Input for Team Report

Your input as to concerns regarding your child is greatly appreciated in helping to determine his or her needs. Please check your areas of concern from the choices listed below or state any additional concerns not listed. Please return this to: _____

I am most concerned about my child's: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Speech Sound Production | <input type="checkbox"/> Stuttering |
| <input type="checkbox"/> Language Development | <input type="checkbox"/> Voice Quality |

	Not
<u>Concerned</u>	<u>Concerned</u>

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has unclear or garbled speech. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is only understood by his/her family. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has only a few sounds that he/she cannot make. |
| <input type="checkbox"/> | <input type="checkbox"/> | Cannot repeat the sounds that I make. |
| <input type="checkbox"/> | <input type="checkbox"/> | Usually leaves off parts of words. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has difficulty expressing ideas. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is reluctant to talk. |
| <input type="checkbox"/> | <input type="checkbox"/> | Becomes upset when not understood. |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses gestures regularly to ask for things or get my attention. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a limited number of words. |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses incomplete sentences. |
| <input type="checkbox"/> | <input type="checkbox"/> | Doesn't use sentences. |
| <input type="checkbox"/> | <input type="checkbox"/> | Echoes what I say. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has trouble following directions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Needs instructions repeated often. |
| <input type="checkbox"/> | <input type="checkbox"/> | Doesn't seem to understand what is said. |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses his/her own language. |
| <input type="checkbox"/> | <input type="checkbox"/> | Doesn't remember simple information from day to day. |
| <input type="checkbox"/> | <input type="checkbox"/> | Gives inappropriate answers to questions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Doesn't seem to know the names of everyday items. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has problems eating, swallowing, chewing, or drooling. |
| <input type="checkbox"/> | <input type="checkbox"/> | Doesn't seem to enjoy listening to stories or watching TV. |
| <input type="checkbox"/> | <input type="checkbox"/> | Doesn't ask questions to gain information. |
| <input type="checkbox"/> | <input type="checkbox"/> | Repeats sounds or words frequently. |
| <input type="checkbox"/> | <input type="checkbox"/> | Doesn't have a clear voice. |
| <input type="checkbox"/> | <input type="checkbox"/> | Doesn't play with other children. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is easily distracted. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a short attention span. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does not appear to be learning at an average rate. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has had delays in developmental milestones. |
| <input type="checkbox"/> | <input type="checkbox"/> | Seeks to play with younger friends. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has trouble hearing. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has had a history of repeated ear infections. |
| <input type="checkbox"/> | <input type="checkbox"/> | Speaks loudly. |
| | | Watches a person's face when that person talks. |

Please indicate other areas of concern. (use back if necessary. _____