



Speech-Language Therapy Pre-Evaluation Questionnaire

We are excited to welcome you and your child to UCP! In order to help our speech therapist understand the concerns you have for your child, please take less than 10 minutes to answer some questions. Help us help you and your child!

1. Child's Name *

Krrish Karthikmunnappan

2. Child's Date of Birth *

8/21/2019



3. Child's Diagnosis *

Speech delay as per Age

4. Caregiver's Name *

NA

5. Role in Child's Life *

Parent

Grandparent

Foster Parent

Other

6. What is your child's primary language? *

English

7. Does your child have a secondary language? *

Yes

No

8. If you child has a secondary language, what language is most often spoken or understood? *

Tamil

9. Does your child attend daycare/preschool/elementary school? *

Yes

No

Other

10. Check your primary areas of concern:

Speech Sounds

Understanding Language

- Expressing Self with Language
- Quality of Voice
- Smoothness of Speech
- Stuttering
- Conversation Skills
- Attention
- Play Skills
- Learning Difficulties
- Recurrent Ear Infections
- Other

11. Is there a history of any of the following in your family?

- Speech or Language Delay
- Attention Deficit-Hyperactivity Disorder
- Autism Spectrum Disorder

- Stuttering
- Learning Difficulties
- Other

12. At what age did your child first babble? Please add any helpful comments. *

6 months

13. At what age did your child say their first word? Please add any helpful comments. *

1 year

14. I understand what my child says to me _____ *

- Never
- Rarely
- Sometimes
- Most of the time
- Always

Other

15. At what age did your child use 2 words in combination? Please add any helpful comments.

3

16. How many different words is your child using?

20 words

17. If your child follow directions at home, how many steps? *

1 -step direction

2 -step direction

multiple step direction

Does not follow directions

18. How does your child communicate their wants and needs during the day? *

Yes

19. How does your child direct you towards what they want? *

- Pointing
- Using words
- Using sounds
- Using gestures
- Pulling or pushing you
- Other

20. What forms of communication does your child currently use or have access to? *

- Verbal
- Sign Language
- Picture Exchange Communication System (PECS)
- Speech Generating Device (Augmentative Communication Device)

Other

21. Does your child have a history of recurrent ear infections or tubes in his/her ears? *

Yes

No

Other

22. Has your child's hearing been tested? *

Yes

No

Other

23. Has your child received speech therapy? *

Yes

No

24. When and where has your child received speech therapy?

UCP at North Phoenix

25. What are your primary communication goals for your child at this time? *

Need to able read books and pronounce alphates

26. Is there any other information you'd like us to know?

Enter your answer



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