



BOLD Pediatric Therapy Center
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Speech & Language Child History Form

How does your child let you know what they want or need (include gestures, signs, words, etc)? _____

How does your child show that they understand what you say? _____

List three sample words or sentences your child uses now: _____

What percentage of your child's speech do you understand? _____ %

What percentage of your child's speech do family members/ others understand? _____ %

Does your child:

Understand single words? ___ yes ___ no

Understand simple sentences? ___ yes ___ no

Follow one step directions? ___ yes ___ no

Follow two step directions? ___ yes ___ no

Understand "wh" questions? ___ yes ___ no Use "wh" words to ask questions? ___ yes ___ no

Sound consistently hoarse? ___ yes ___ no

Sound like they have a cold? ___ yes ___ no

Sound like they are talking "through their nose"? ___ yes ___ no

Repeat sounds or words when talking? ___ yes ___ no

Have trouble starting a sentence? ___ yes ___ no

Have tension or facial grimacing when talking? ___ yes ___ no

Is your child aware of any of their communication/ speech difficulties? ___ yes ___ no

If so, how do they feel about it?

Are there any other family members with speech, language, voice, hearing, or fluency challenges?
