MOUNTAIN HOME SCHOOL DISTRCT #193 KINDERGARTEN SPEECH AND LANGUAGE SCREENING – PARENT QUESTIONAIRE

Child's Name: Parent's Name:				
School:				
		hat apply to your ch	ild. Thank you.	
I DO NOT HA	VE concerns about my		•	
(If you have no c	-	_	Baage ae eropinent	
•	· •	,		
I DO HAVE co	oncerns about my child	l's speech or language	e development.	
Is your child currently i	receiving speech or lan	guage therapy?		
NO	YES WHERE?			
SPEECH:				
My child has di	fficulty saying sounds	correctly. (Please put	a check next to the sounds your chi	ild
			child should be producing each so	
(3 years)	(4 years)	(5 years)	(7 years or older)	,
p	k	sh	r	
m	g	ch	Z	
h	d	j	V	
n	t		th	
W	у	(6 years)		
b	f	1		
		S		
		-ing		
I have concerns	that other people are n	ot able to understand	my child when s/he speaks.	
LANGUAGE:	that other people are h		my enna when sine speaks.	
My child does not :				
5				
Use 5 words in s	sentences			
Follow 2 step di	rections (for example:	"Pick up the ball and	put on your shoes")	
Ask and answer	questions			

_____ Use appropriate grammar. Indicate type of errors: irregular past tense

irregular plurals

pronouns

If you indicated concerns, the speech-language pathologist will conduct a speech and/or language screening in September and contact you with the results.