

**MOUNTAIN HOME SCHOOL DISTRICT #193
KINDERGARTEN SPEECH AND LANGUAGE SCREENING – PARENT QUESTIONNAIRE**

Child's Name: _____ **Birth Date:** _____
Parent's Name: _____ **Telephone:** _____
School: _____

Please check all that apply to your child. Thank you.

_____ **I DO NOT HAVE** concerns about my child's speech or language development.

(If you have no concerns, stop here.)

_____ **I DO HAVE** concerns about my child's speech or language development.

Is your child currently receiving speech or language therapy?

_____ **NO** _____ **YES** **WHERE?** _____

SPEECH:

_____ My child has difficulty saying sounds correctly. (Please put a check next to the sounds your child struggles with. The year in parentheses is the age at which a child should be producing each sound):

(4 years)	
p	
b	
t	
h	
n	
w	

(5 years)	
k	
g	
d	
f	
y	

(6 years)	
ng	
l	
v	

(8 years or older)	
ch	
sh	
j	
s	
z	
r	
th	
zh	

_____ I have concerns that other people are not able to understand my child when s/he speaks.

LANGUAGE:

My child **does not**:

- _____ Use 5 words in sentences
- _____ Follow 2 step directions (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.