

## SPEECH, HEARING, AND LANGUAGE SUMMARY

CHILD'S NAME : \_\_\_\_\_

PLEASE CHECK THOSE STATEMENTS WHICH APPLY TO YOUR CHILD:

1. \_\_\_\_\_ I, as a parent feel there is a noticeable speech/language problem that may require therapy.
2. \_\_\_\_\_ He/ she has a history of hearing problems ( tubes, frequent headaches).
3. \_\_\_\_\_ He/ she has difficulty in attending to a task or following verbal directions.
4. \_\_\_\_\_ He/ she had difficulty using words in sentences .  
Example: Me go store or him go home.
  
5. \_\_\_\_\_ He/ she has difficulty pronouncing certain sounds:  
Example: at for hat or tookie for cookie
6. \_\_\_\_\_ He/she has received speech therapy at:

Head Start \_\_\_\_\_ Summer Clinic \_\_\_\_\_

\_\_\_\_\_ Some other agency \_\_\_\_\_

7. \_\_\_\_\_ Any other information the speech therapist may need to know :

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