

SPEECH AND LANGUAGE QUESTIONNAIRE

Children Age 6 to Attainment of Age 18

To help us make a determination about this child's communication skills, we need a speech-language pathologist to complete this form. By completing this form, you may save the government, or the child's parent or guardian, the time and expense of having to obtain a speech and language evaluation

Important Note: *Specific* ratings of intelligibility are needed, even if speech has not been formally evaluated.

LANGUAGE STATUS		
1. What language(s) are spoken in the home?	_____	
2. If the child is exposed to more than one language:	_____	
a. What language is spoken most of the time?	_____	
b. Is the child a dual learner (exposed to both languages before age 3) or a sequential learner (exposed to second language after age 3)?	Dual <input type="checkbox"/> Sequential <input type="checkbox"/> Unsure <input type="checkbox"/>	
SPEECH FUNCTIONING		
1. Has difficulty:		
a. Saying single words clearly	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Producing conversational speech that is easily understood	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Maintaining articulatory control as utterance length increases	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Imitating words	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Producing sounds for stimulability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Exhibits articulation errors or phonological patterns that are not typical for age	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Please summarize articulation errors and phonological patterns, if applicable:		
4. What percentage of the child's conversational speech can a <u>familiar</u> listener understand on first attempt, and with request for repetition (i.e. request for clarification with no cueing)		
<u>Known Topics</u> <input type="checkbox"/> Very little <input type="checkbox"/> No more than half <input type="checkbox"/> More than half to two-thirds <input type="checkbox"/> More than two-thirds	<u>Unknown Topics</u> <input type="checkbox"/> Very little <input type="checkbox"/> No more than half <input type="checkbox"/> More than half to two-thirds <input type="checkbox"/> More than two-thirds	<u>Unknown Topics - with Repetition</u> <input type="checkbox"/> Very little <input type="checkbox"/> No more than half <input type="checkbox"/> More than half to two-thirds <input type="checkbox"/> More than two-thirds
5. What percentage of the child's conversational speech would you estimate an <u>unfamiliar</u> listener would understand on first attempt and with request for repetition (i.e. request for clarification with no cueing)		

<u>Known Topics</u>	<u>Unknown Topics</u>	<u>Unknown Topics - with Repetition</u>
<input type="checkbox"/> Very little <input type="checkbox"/> No more than half <input type="checkbox"/> More than half to two-thirds <input type="checkbox"/> More than two-thirds	<input type="checkbox"/> Very little <input type="checkbox"/> No more than half <input type="checkbox"/> More than half to two-thirds <input type="checkbox"/> More than two-thirds	<input type="checkbox"/> Very little <input type="checkbox"/> No more than half <input type="checkbox"/> More than half to two-thirds <input type="checkbox"/> More than two-thirds
6. Speech is audible at conversational distances on first attempt <input type="checkbox"/> Less than half of the time <input type="checkbox"/> Half or more of the time		
7. Speaks with monotone voice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Demonstrates consistently abnormal voice quality	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Exhibits speech fluency patterns that are not typical for age in most situations (e.g., in the classroom, at lunch, on the playground)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Exhibits secondary behaviors (e.g., excessive eye blinking, grimacing while speaking)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

LANGUAGE FUNCTIONING (N=never; R=rarely; S=sometimes; F=frequently)	N/R	S	F
1. Has difficulty:			
a. Following single-step verbal instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Following multi-step verbal instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Understanding frequently used vocabulary words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Answering questions about a read-aloud story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Following a classroom discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Repeating a sentence accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Answering a question appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Understanding humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Using complex sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Talking about past events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Describing a picture/object (e.g., using attributes, naming the function)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Producing narratives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Taking turns in conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Initiating and maintaining conversations with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Identifying when the listener is confused and providing clarification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Taking on the perspective of another; engaging in conversation about topics of interest to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Understanding sarcasm or figurative language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Interpreting body language and facial expressions accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. With Mean length of utterance (MLU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Exhibits receptive vocabulary below expectation for age	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

3. Exhibits expressive vocabulary below expectation for age	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Uses incorrect word order	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OVERALL		
1. Describe how the child's speech or language disorder affects social skill development.		
<hr/> <hr/> <hr/>		
2. Describe how the child's speech or language disorder affects academic development.		
<hr/> <hr/> <hr/>		
3. Please provide standard scores from most recent speech and language testing.		
Test Name	Date Given	Scores
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
4. Do the reported language scores continue to be representative of the child's current language abilities?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Please provide any comments you may have about the child's communicative functioning.		
<hr/> <hr/> <hr/> <hr/> <hr/>		
6. If working in the school system:		
a. Is the child receiving interventions for speech and/or language? <input type="checkbox"/> yes <input type="checkbox"/> no b. Has the child been referred for a speech and/or language evaluation? <input type="checkbox"/> yes <input type="checkbox"/> no c. Is the child currently receiving therapy services? d. If receiving services, please attach evaluation team report and most recent Individualized Education Program (IEP).		

f. If dismissed from speech and/or language therapy, please attach dismissal report and IEP.

Printed Name

Signature

Date

Phone Number/Best Time to Contact

CCC-SLP

CF-SLP

Length of relationship with child, frequency of interaction

If form completed by CF-SLP, please also include supervisor's printed name, signature and date. CCC-SLP

THANK YOU

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Sections 202, 205(a), 221, 223, 1614(a), 1631, and 1633 of the Social Security Act, as amended, allow us to collect this information, which we will use to determine benefits eligibility. Providing the information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on any claim filed. As law permits, we may use and share the information you submit, including with other Federal agencies, private medical and vocational consultants, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0044, 60-0089, and 60-0320, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

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