



speech & language therapist questionnaire

Parent/Guardian Release:

Please complete/sign the following release and return the questionnaire to your child's speech/ language therapist.

Child's Name: _____ Date of Birth: _____

I hereby give my child's speech/language therapist permission to complete the following questionnaire concerning my child's speech/language program.

Specialist's Name: _____

School: _____ District: _____

City: _____ Telephone: _____

Parent's Signature: _____ Date: _____

SPEECH/LANGUAGE THERAPIST:

Date Completed: _____ Current Grade: _____

The child named above, has been referred to the Scottish Rite Childhood Language Center. Please complete the following questionnaire and return it as soon as possible. Feel free to attach any additional information or reports for the child.

Is the child enrolled in speech/language services? _____

Enrollment Date: _____ Grade: _____

If no, has he/she been enrolled and dismissed? **Yes / No** Date: _____

Reason: _____

How often do you serve the child? _____ **minutes/sessions** per week in **group/individual** sessions (please circle).

Has a full team assessment been completed? **Yes / No** Date: _____

List current goals and describe progress to date: _____

List and/or attach the most recent speech/language learning tests administered

Date	Name of Test	Scores				
		%tile Rank	Standardized Score	Scaled Score	Age Equivalency	Grade Equivalency

Describe how the child's language deficits affect classroom performance:

Describe the child's social interaction:

Any additional comments regarding this child and his/her program?

Thank you for your time in completing this questionnaire.