



ASSOCIATED  
SPEECH &  
LANGUAGE  
SPECIALISTS LLC

Name: \_\_\_\_\_

Chronological Age: \_\_\_\_\_

1. What are your specific concerns about your child's speech and language skills?

**SAINT PAUL**  
561 West 7th St  
Saint Paul, MN 55102  
651/225-4558  
(fax) 651/225-9474

2. Were there any issues with the pregnancy and delivery of your child?

**ARDEN HILLS**  
1260 W County Rd E  
Arden Hills, MN 55112  
651/639-0942  
(fax) 651/639-1718

3. Did your child have any sucking/swallowing/feeding problems in infancy? Does your child have any eating problems?

**PLYMOUTH**  
3001 Harbor Lane N  
Suite 120  
Plymouth, MN 55447  
763/551-3652  
(fax) 763/551-1334

4. Has your child had a history of ear infections? Does he/she have normal hearing? Has your child had an audiological evaluation? If so, when?

**MAPLEWOOD**  
1705 Cope Ave E  
Suite G  
Maplewood, MN 55109  
651/773-3208  
(fax) 651/773-0371

5. Has your child ever been hospitalized or experienced a significant illness?

6. Does your child have allergies? Does your child have any dietary restrictions?
  
7. Did your child reach physical developmental milestones at expected times?
  
8. Did your child coo as an infant? Did he or she babble as a toddler? At what age did your child begin using single words? At what age did he or she begin combining words?
  
9. Does your child attempt to imitate sounds or words?
  
10. How does your child indicate his or her needs? How does your child get your attention? How does your child indicate yes and no?
  
11. Does your child readily follow one-step (“go get your shoes”) and two-step routine directions (“go get your shoes and put them by the door”)?
  
12. How intelligible is your child to family members? To others?

Please share any other questions or concerns you would like to address during the evaluation.