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SPEECH-LANGUAGE SCREENING QUESTIONNAIRE

Student Name: _____ Date of Birth: _____ Gender: M / F

QUESTIONS	YES	NO	EXPLANATION
Are you concerned about your child's speech and language skills?			
Does your child have a medical diagnosis?			
Are there other professionals working with your child?			
Does your child have a history of frequent ear infections?			
Does your child have hard time expressing his/her thoughts clearly?			
Does your child have trouble maintaining conversations?			
Can your child understand and follow directions?			
Is your child able to engage in appropriate social interactions?			
Is your child able to follow classroom routines?			
Does your child display behaviors that impede his/her learning?			
Additional notes: _____ _____			