



Prairie Valley School Division No. 208

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SPEECH AND LANGUAGE CHECKLIST FOR PARENTS



Please fill out and return to your child's classroom teacher or your Speech-Language Pathologist

Some children may present speech/language and/or hearing language difficulties when they enter school. Communication skills are an important part of a child's academic program and social experience and it is important to identify any difficulties.

As parents/guardians, you are the most familiar with your child's communication skills and therefore we ask you to please complete the following checklist.

Child's Name: _____

Date of Birth: _____

School: _____

Telephone #: _____

Parent / Guardian: _____

Language Spoken at Home: English Other: _____

- | | YES | NO | SOMETIMES |
|---|--------------------------|--------------------------|--------------------------|
| 1. Is your child's speech difficult to understand? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have trouble pronouncing any sounds? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, which sound(s) are not correct? (i.e.: the /t/, /s/ or // sounds) | _____ | | |
| 2. Does your child have trouble talking easily with others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have difficulty explaining what happened to him/her?
(i.e.: what he did at school, what she saw at the farm, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child speak in incomplete sentences? (i.e.: says, "Want cookie" rather than "I want a cookie.") | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have trouble asking for things? (i.e.: says, "I have some?" rather than, "Can I have some?") | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

		YES	NO	SOMETIMES
3.	Does your child leave off word endings? (i.e.: says, "bat" for "bats; "walk for "walked")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does your child confuse pronouns? (i.e.: says, "hims going"; "me want juice")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have any concerns about the quality of your child's voice? (i.e.: hoarseness, very high or low pitch, very quiet or loud voice, sounds like he has a cold or is talking through his nose, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does your child repeat sounds or words? (i.e.: "my-my-my dog" "g-g-g-gone")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has your child been referred for a speech, language or hearing problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, where?			
	<input type="checkbox"/> Public Health – SLP			
	<input type="checkbox"/> Wascana Rehab. Centre			
	<input type="checkbox"/> Child & Youth			
	<input type="checkbox"/> Private SLP			
	<input type="checkbox"/> Hearing Aid Plan			
	<input type="checkbox"/> Private Audiologist			
	Did your child receive therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does your child have a history of ear infections? If yes ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	How frequent have the infections been? _____			
	Was medical treatment necessary for this problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	What kind of treatment was used?			
	<input type="checkbox"/> Tubes in the ear			
	<input type="checkbox"/> Medication			
8.	Does your child have a hearing problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Can you identify the cause?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Was a hearing aid recommended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does your child wear a hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any other comments of information that would help the SLP when screening your child.

LES Kindergarten

Child's Name: _____

My Child is best placed with:

because of

babysitting/daycare

friendship

My Child is better placed not with:

Because of

babysitting/daycare

friendship

This will be an exciting year! We look forward to getting to know you and your child.