**If your child is being evaluated for ST (speech therapy)…**

Please check any of the following performance skill areas that apply to your child.

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| **Language (Listed in developmental order from Preschool to School Age)** | |
|  | responds to his/her name |
|  | repeats new words |
|  | puts 2 words together |
|  | gets others’ attention using words |
|  | greets others arriving or leaving (waving or verbally) |
|  | takes turns in a “conversation” |
|  | asks for help |
|  | says 3 to 4 word sentences |
|  | follows 1-2 step directions |
|  | answers “yes/no” questions |
|  | answers “wh” questions (what, where, why, how) |
|  | uses pronouns correctly (I, me, we) |
|  | participates in pretend play/plays appropriately with peers |
|  | uses complete sentences |
|  | recall and tell about everyday events |
|  | uses words to express feelings |
|  | has a similar vocabulary to children his/her age |
|  | has difficulty with reading comprehension |
|  | has poor phonological awareness skills (letter-sound correspondence, rhyming words, blending sounds to make words) |
|  | understands figures of speech (“butterflies in my stomach”) |
|  | has difficulty following multi-step directions |
|  | has trouble thinking of the right word to say |
|  | has trouble saying what he/she is thinking and getting to the point |
|  | knows when a listener does not understand his/her message |
|  | maintains eye contact |
| **FLUENCY & VOICE** | |
|  | my child stutters (please check next to types of dysfuencies observed)  repeats whole words “why, why, why, why” repeats parts of words  prolongs or holds onto a sound “w-------hy” repeats sounds “w-w-w-w-why”  prolongs or holds onto a sound “w-------hy” repeats phrases “I want, I want”  blocks – sounds and airflow are shut off |
|  | If your child stutters, is he/she aware or frustrated by moments of dysfluency? Yes No |
|  | If your child stutters, does he/she exhibit physical movements accompanying movements of stuttering? (stomping foot, blinking eyes, tapping leg) Yes No |
|  | has atypical vocal quality- (please circle)  hoarse hypernasal hypoonasal (stuffed up) monotone unusual pitch for his/her age |
|  | speaks too quietly |
|  | speaks too rapidly |
| **Articulation** | |
|  | has trouble making particular speech sounds (PLEASE LIST) |
|  | leaves sounds out of words (beginning, middle or end) |
|  | has difficulty producing multisyllabic words |
|  | How much of your child’s speech do you understand?  10% or less 11-24% 25-50% 51-74% 75-100% |
|  | How much of your child’s speech do others understand?  10% or less 11-24% 25-50% 51-74% 75-100% |
|  | Does your child demonstrate frustration when he/she is not understood? Yes No |
|  | Is your child able to correct errors when given a correct model of sound or word? Yes No |