

THANK YOU!!!

Thank you for visiting my store; I appreciate it. I really hope that these resources prove useful to you & that you enjoy using them. Please don't hesitate to contact me if you have any questions, and know that feedback is always welcomed. I tried to organize this Parent Input form so you can send home whatever pages apply to your student. It is separated into developmental history, articulation concerns, language concerns, and social/behavioral concerns so you can pick and choose what you want to include.

By downloading this questionnaire you have purchased the right to use it for your own personal use. You may print it as often as you wish for your students or classroom. You may not copy, resell, or share downloads. If another teacher would like a copy please direct them to my store:

<https://www.teacherspayteachers.com/Store/Simply-Savvy-Speechie>



Preschool Communication Parent Input

Student Name _____ Date of Birth _____

Completed By _____ Date of Completion _____

Family History

Please list household members _____

Languages spoken in the home ☐ English ☐ Other (please specify) _____

If other:

Does your child speak the language ☐ Yes ☐ No

Does your child understand the language ☐ Yes ☐ No

Which language does your child prefer to speak at home? _____

Is there a family history of speech and language concerns? ☐ Yes ☐ No

If yes, please explain _____

Birth History

Was your child born premature? ☐ Yes ☐ No

If yes, How many weeks? _____

Were there complications during the pregnancy? ☐ Yes ☐ No

If yes, Please explain _____

Did your child have any difficulty with feeding? ☐ Yes ☐ No

Does your child have a history of ear infections? ☐ Yes ☐ No

Has your child had any significant illnesses, injuries, or hospitalizations? ☐ Yes ☐ No

If yes, please explain _____

Developmental Milestones

Does your child use the following ways to communicate

Use 1 word <input type="checkbox"/> Yes <input type="checkbox"/> No	Use 2 word phrases <input type="checkbox"/> Yes <input type="checkbox"/> No	3+ word sentences <input type="checkbox"/> Yes <input type="checkbox"/> No
Use Signs <input type="checkbox"/> Yes <input type="checkbox"/> No	Use Gestures <input type="checkbox"/> Yes <input type="checkbox"/> No	Respond to name <input type="checkbox"/> Yes <input type="checkbox"/> No
Get your attention when needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Engage in pretend play <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow directions <input type="checkbox"/> Yes <input type="checkbox"/> No

Preschool Communication Parent Input

Student Name: _____ Date: _____

Parent Name : _____

RATING SCALE

Never- the student never exhibits this skill

Rarely- the student rarely displays this skill but may demonstrate it on infrequent occasions

Sometimes- the student sometimes displays this skill in different situations

Often- the student often displays this skill on a few occasions and with a few other people

Consistently- the student consistently displays this skill in many settings and with a variety of people.

Please mark that box that best describes your child's skills in each area.

Articulation Skills

	Never	Rarely	Sometimes	Often	Consistently
I have difficulty understanding my child's speech.					
It is difficult for an unfamiliar listener to understand my child.					
My child deletes sounds when talking.					
My child adds in sounds when talking.					
My child changes letter sounds when talking.					

Awareness

	Never	Rarely	Sometimes	Usually	Consistently
My child is teased about their speech.					
My child gets frustrated when others can't understand them.					
My child gives up and stops talking when others cannot understand them.					
My child will often point to what they want rather than try to use their words.					

Preschool Communication Parent Input

Speaking Skills

	Never	Rarely	Sometimes	Usually	Consistently
My child is able to express their wants and needs.					
My child uses three to five word sentences when talking.					
My child uses a variety of vocabulary words (100 or more).					
My child can answer simple Wh questions (who, what, where).					
My child expresses their likes and dislikes.					
My child is able to share their thoughts and ideas.					
My child will ask for help when needed.					
My child will ask questions such as "What...?" or "Where....?"					

Listening Skills

	Never	Rarely	Sometimes	Usually	Consistently
My child can point to different body parts (head, food, hand, belly).					
My child can follow two step directions (Get your cup and bring it to me).					
My child understands what I am saying.					
My child can respond to simple Wh questions (who, what where).					
My child can respond appropriately to yes/no questions.					
My child understands basic concepts. (on, off, hard, soft, up, down.)					
My child can listen to a story.					

Preschool Communication Parent Input

Social Skills					
	Never	Rarely	Sometimes	Usually	Consistently
My child looks at me when I am talking.					
My child is able to have a conversation with me.					
My child understands facial expressions and body language.					
My child greets other people.					
My child plays with other children.					
My child is able to take turns during play.					
My child can cope with routine changes.					
My child can transition between activities.					
My child participates in group activities.					

Behavioral Skills					
	Never	Rarely	Sometimes	Usually	Consistently
My child is easily frustrated.					
My child has difficulty with structured situations.					
My child is aggressive with other people.					
My child engages in dramatic play (acting out scenes).					
My child is able to separate from me easily.					

Preschool Communication Parent Input

Is there anything you would like to add about your student's communication skills? _____

Has your child ever received support for their speech and language? If yes, please explain.

What are some of your child's interests? _____

What are some of your concerns you have for your child? _____

Do you have any additional information you would like to provide? _____

Parent Signature

Date

Preschool Communication Teacher Input

Student Name: _____ Date: _____

Teacher Name : _____

RATING SCALE

Never- the student never exhibits this skill

Rarely- the student rarely displays this skill but may demonstrate it on infrequent occasions

Sometimes- the student sometimes displays this skill in different situations

Often- the student often displays this skill on a few occasions and with a few other people

Consistently- the student consistently displays this skill in many settings and with a variety of people.

Please mark that box that best describes your child's skills in each area.

Articulation Skills

	Never	Rarely	Sometimes	Often	Consistently
Do you have difficulty understanding your student?					
Are other people able to understand your student?					
Does your student delete sounds when talking?					
Does your student add in sounds when talking?					
Does your student change letter sounds when talking?					

Awareness

	Never	Rarely	Sometimes	Usually	Consistently
Is your student teased about their speech?					
Does your student get frustrated when others can't understand them?					
Does your student give up and stop talking when others cannot understand them?					
Does your student often point to what they want rather than try to use their words?					

Preschool Communication Teacher Input

Speaking Skills

	Never	Rarely	Sometimes	Usually	Consistently
Is your student able to express their wants and needs?					
Does your student use three to five word sentences when talking?					
Does your student use a variety of vocabulary words (100 or more)?					
Is your student able to answer simple Wh questions (who, what, where)?					
Does your student express their likes and dislikes?					
Is your student able to share their thoughts and ideas?					
Does your student will ask for help when needed?					
Does your student ask questions such as "What...?" or "Where....?"					

Listening Skills

	Never	Rarely	Sometimes	Usually	Consistently
Is your student able to point to different body parts (head, food, hand, belly)?					
Can your student follow two step directions (Get your cup and bring it to me)?					
Does your student understand what you are saying?					
Does your student respond to simple Wh questions (who, what where)?					
Can your student respond appropriately to yes/no questions?					
Is your student able to listen to a story?					

Preschool Communication Teacher Input

Social Skills					
	Never	Rarely	Sometimes	Usually	Consistently
Does your student look at you when you are talking to them?					
Is your student able to have a conversation with you?					
Does your student seem to understand facial expressions and body language?					
Does your student greet others?					
Does your student play with other children?					
Is your student able to take turns appropriately?					
Can your student cope with transitions throughout the day?					
Does your student participate in group activities?					

Behavioral Skills					
	Never	Rarely	Sometimes	Usually	Consistently
Does your student get easily frustrated?					
Does your student have difficulty with structured situations?					
Is your student aggressive with other people?					
Does your student participate in dramatic play (acting out scenes)?					

Preschool Communication Teacher Input

Is there anything you would like to add about your student's communication skills? _____

What are some of your student's strengths and interests? _____

What are some of your concerns you have for your student? _____

Do you have any additional information you would like to provide? _____

Teacher Signature

Date