

**KINDERGARTEN ROUNDUP  
SPEECH/LANGUAGE QUESTIONNAIRE  
Clinical Speech/Hearing Department  
Grant Wood Area Education Agency**

Child: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**Please circle "yes" or "no" on the following questions:**

- |                                                                                                                                                                                       |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Do family members and other people frequently have difficulty understanding your child's speech?                                                                                   | yes | no |
| 2. Does your child ever become frustrated with his/her speech or language?                                                                                                            | yes | no |
| 3. When your child talks, are his sentences often <u>less than</u> five words in length?                                                                                              | yes | no |
| 4. Does your child have difficulty understanding directions?                                                                                                                          | yes | no |
| 4. Does your child have difficulty carrying on a conversation with you by telling you what he/she is doing, relating past information or asking questions such as why, when, and how? | yes | no |
| 6. Do you frequently need to talk loudly for your child to hear you?                                                                                                                  | yes | no |
| 7. Are you concerned about your child's hearing?                                                                                                                                      | yes | no |
| 8. Do you think your child stutters?                                                                                                                                                  | yes | no |
| 9. Does your child always have a hoarse voice, sound like he/she has a cold or sound like he/she is talking through his/her nose (nasal)?                                             | yes | no |
| 10. Do you have any concerns about your child's speech and language development?                                                                                                      | yes | no |

If you answered **yes** to question #10, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_