

Child's Name _____ Birth Date _____

Form Completed by _____ Date Completed _____

Speech Intelligibility Survey

- 1) Has your child ever suffered from ear infections, colds, or allergies? ___yes
___no

If so, how often?

- 2) How much of your child's speech can you understand? Please estimate and check one.

___25% ___50% ___75% ___100%

- 3) How much of your child's speech can people unfamiliar with your child understand?

___25% ___50% ___75% ___100%

- 4) Does your child get frustrated when they are not understood? ___yes ___no

If yes, how does your child express their frustration?

- 5) Have your child repeat the following sounds. Be sure to make the **sound** of the letter (ex. /p/ as in push, /w/ as in window). Place a "+" next to each sound they can say clearly.

___/p/, ___/b/, ___/m/, ___/w/, ___/t/, ___/d/, ___/h/, ___/k/, ___/g/,

___/f/, ___/v/, ___/s/, ___/z/, ___/l/, ___/sh/, ___/ch/

- 6) Do you have any concerns about the way your child's tongue or mouth moves for speech or eating? ___yes ___no

If yes, have your child imitate the following actions. Place a "+" next to each movement that they can do correctly:

- Stick tongue straight out _____
- Stick tongue out and up towards nose _____
- Lick across top lip with tongue _____
- Lick across bottom lip with tongue _____
- Move tongue side to side _____