



Nice Speech Lady

Date: _____

Child's Name: _____ DOB: _____ Age: _____

PEDIATRIC DEEPER COMMUNICATION QUESTIONNAIRE (VERY YOUNG)

Your name: _____

Your relationship to your child: _____ (Legal guardians, please bring documents):

When at home, the child spends most of the time with: _____ (role).

Also, _____ of the time is spent with _____ (role)

_____ of the time is spent with _____ (role)

When saying words, my child says these categories the most (please list all details):

- Clothes: _____

- Food: _____

- Names: _____

- Toys/animals: _____



Nice Speech Lady

- Parts of the body: _____

- Greetings/Farewells: _____

- General “catch phrases”: _____

Please fill out the details on your child’s ability to:

- Copy speech sounds: _____
- Says words of parents, other family: _____
- Points to parts of the body, if asked: _____
- Turns and looks at sounds of others: _____
- Use any gestures to communicate: _____
- Says any common words (“shoe” or “drink”): _____
- Play with toys: _____
- Say speech clearly, when produced (understandable): _____

- Follow simple, every day directions, such as “come here,” etc. _____

- Sounds that are produced which are typically developed earlier: /m, d, n, t/: _____



- Sounds that are produced which are typically developed later: /g, k, s/:

- Ability to produced sounds, when desired, smoothly: _____

- Put words together in phrases which are expected (“goodbye, let’s go”)_____

- Put words together in other phrases (“blue car,” etc.)_____

- Focus and engage, as age-appropriate: _____

- Keep using words or other communication skills that are learned: _____

My child has the following siblings: _____

Other family dynamics: _____



Most of the day is spent with the following on weekdays:

_____ (family member) _____ hours/day

Most of the day is spent with the following on weekdays:

_____ (other caregiver) _____ hours/day

_____ (other _____) _____ hours/day

Most of the day is spent with the following on weekends:

_____ (family member) _____ hours/day

_____ (other caregiver) _____ hours/day

_____ (other _____) _____ hours/day

Other: _____

When at home, my child usually spends time performing:

_____ traditional/non-electronic toys (alone)
Of this time, _____ weekdays; _____ weekends.

_____ traditional/non-electronic toys (with others)
Of this time, _____ weekdays; _____ weekends.

_____ electronics use (TV, ipads, electronic games), alone
Of this time, _____ weekdays; _____ weekends.

_____ electronics use (TV, ipads, electronic games), with others
Of this time, _____ weekdays; _____ weekends.

_____ Looks at books, alone
Of this time, _____ weekdays; _____ weekends.

_____ Listening to out-loud reading, with others
Of this time, _____ weekdays; _____ weekends.



Nice Speech Lady

Languages spoke to my child include:

(please circle the environment/environments, list the percentage if it differs, add any other notes)

English: home school community other/family _____

Spanish: home school community other/family _____

Other: home school community other/family _____

Other: home daycare/school community other family other

Anything else to add: _____

Signature

date