

Infant Communication Questionnaire

I. IDENTIFYING INFORMATION

Child's name: _____
Date of Birth: ____ - ____ - ____ Age: _____

Parents: _____
Address: _____

Does your baby have siblings? yes no

II. MEDICAL INFORMATION

Medical diagnosis:

Current medications:

Physician(s):

Infant hearing screen:
 pass fail If failed, please describe follow-up management plan:

Is there a family history of language difficulties or learning disabilities?
 yes no If yes, please describe.

III. CURRENT SERVICES:

Please list current therapeutic services that your child may be receiving as part of his/her early intervention program:

IV. DEVELOPMENTAL ABILITIES

Please check any communication skills that your baby does frequently and easily

OR

Circle the “E” (emerging) if you feel your baby sometimes engages in this communication skill.

- Smiles purposefully in response to your face or voice E
- Attends to speaker’s mouth or eyes. E
- Vocalizes to express pleasure E

- Stops crying when spoken to E
- Responds to sounds other than voices E
- Recognizes own name E
- Takes turns vocalizing E
- Babbles E

- Recognizes family members’ names E
- Waves in response to “bye-bye” E
- Vocalizes four different syllables (e.g. “ne, do, ba, ma, gu”) E
- Vocalizes a two-syllable combination (e.g. “beda”) E

- Performs a routine activity upon verbal request (e.g. “give a kiss, high five) E
- Reaches upward as a request to be picked up E
- Extends arm to show you an object E
- Looks at familiar items and people when named E
- Participates in speech-routine games E
- Says “mama” or “dada” meaningfully E
- imitates consonant – vowel combinations E
- imitates non-speech sounds (e.g. raspberries, lip smacks, tongue clicks) E
- says or signs one to two words spontaneously E
- imitates the names of familiar objects E

- Follows one-step commands during play E
- Maintains attention to pictures E
- Shakes head “no” E
- Names one object frequently E
- Combines vocalization and gesture to obtain a desired object E
- Says or imitates 8-10 words spontaneously E

My baby’s “signature strengths” seem to be: _____

My biggest concern: _____

V. FEEDING

Please check all that apply:

My baby currently:

- breast-feeds
- bottle-feeds
- spoon-feeds
- finger-feeds
- straw-drinks
- cup-drinks

Please describe any feeding difficulties you are experiencing:

VI. FOCUS AREAS

Please note 2 top preferences areas that you wish to have more information about after our time together:

- help me to understand the developmental level that my baby is mastering
- help me to know what/how my baby understands
- help me to know how/when to begin to sign with my baby
- help me learn to help my baby make more sounds
- help me get my baby’s mouth muscles get or stay ready for clear speech
- help me with a feeding challenge
- help me find resources such as books, articles, materials.
- Other questions, please list:

V. CONSENTS

I understand that this consult, provided by Cornerstone Speech and Language at Club 21, is for the purposes of an oral-motor, pre-speech, pre-language screen and parent training only. It is not intended to be full assessment of my child’s feeding, oral motor or communication skills.

I understand that the information provided will be kept confidential as outlined in Cornerstone Speech and Language Notice of Privacy Policy to be provided to me on the day of consult.

I understand that payment is to be made directly to Cornerstone Speech and Language with check or cash. A receipt will be provided upon request at the time of consult.

Signature: _____ Date: _____

Please print and bring this completed, 3-page questionnaire / signed consent form with you to your consult. Thank you!