

### Speech/feeding evaluation questionnaire

*Note: Only fill this out if your child is being evaluated for speech or feeding therapy*

What are your concerns regarding your child's speech and language?

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How does your child communicate his wants/needs?

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Are you and other able to understand your child's speech? Y / N

What percentage of the time? \_\_\_\_\_

What would you like to see as an outcome for speech therapy and what are YOUR goals for your child?

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Is your child a picky eater? Y / N

If so, does he/she eat at least 10 foods from each of the following categories?

Protein/Dairy; Fruits/Vegetables; Starches Y / N

If no, please list food items your child consumes under each category:

<u>Protein/Dairy</u>	<u>Fruits/Vegetables</u>	<u>Starches</u>