



CONCORD COMMUNITY SCHOOLS

Speech/language/hearing questionnaire

Child's Name: _____ Date of Birth: _____

Parent Name(s): _____ Phone Number: _____

Your responses to the following questions will help us identify the speech, language, and hearing abilities of your child. Please circle yes or no for each question. If yes, complete additional information.

Has your child had:

Ear infections? YES NO Date(s): _____

Ear tubes? YES NO Date(s): _____

Hearing loss? YES NO Date Diagnosed: _____

History of family hearing loss? YES NO

Explain: _____

Tonsils/adenoids removed? YES NO

Date removed: _____ Doctor's name: _____

Previous speech/hearing therapy? YES NO

When: _____ Where: _____

What concerns do you have about your child's speech, hearing, or language skills?

Questions? Please contact the speech/language pathologist at your child's school.

Concord East Side
Phone: 875-8517

Concord Ox Bow
Phone: 875-8538

Concord South Side
Phone: 875-6565

Concord West Side
Phone: 293-2531