Speech Sound Questionnaire for Parents (Ages 5–7)

Child's Name: _____

Date of Birth: _____

Date Completed: _____

Completed by (Name & Relationship): _____

1. **Are there any speech sounds you notice your child has difficulty saying?**
   (Examples: /r/, /l/, /s/, /th/, blends such as "sp," "tr," "cl")

2. **Do unfamiliar listeners (people outside the family) understand your child?**
   a. Always
   b. Most of the time
   c. Sometimes
   d. Seldom
   e. Rarely/Never

3. **Do family members or teachers express concern about your child's speech clarity?**
   If yes, please describe.

4. **When did you first notice concerns with your child's speech sounds or clarity?**

5. **Does your child become frustrated when others do not understand them?**
   If yes, how often?

6. **Are there particular times or situations when your child's speech is clearer or less clear?** (e.g., when calm, excited, tired, talking fast)

7. **Does your child mix up or substitute certain sounds?**(e.g., "wabbit" for "rabbit," "thun" for "sun") Please give examples if you can.

8. **Does your child leave out sounds in words?** (e.g., saying "ca" instead of "cat") Please provide examples.

9. **Has your child had a history of hearing issues, frequent ear infections, or ear surgeries (such as grommets/tubes)?**

10. **Is your child aware of their speech errors?**
    a. Do they try to correct themselves?
    b. Do they ask for help or comment on their speech?

Thank you for completing this questionnaire. Your insights are essential in helping us support your child's communication journey.