

Questionnaire for parents - health appointment 2.5 years

The o	child's name:
The o	child's ID number:
Date	<u> </u>
Answ	vered by:
Lan	iguage
1.	What languages do you speak with the child?
2.	How many words can your child say? (The words do not need to be properly pronounced, but you should be able to understand what the child means.) \Box 0 – 25 words
	\Box 25 – 50 words
	□ more than 50 words
3.	Can your child put two or more words together into small sentences?
	□ No
4.	Language ability means not only being able to talk but also being able to understand. Does your child understand longer sentences, such as "get the stool from the kitchen"? □ Yes □ No



5.	Does your child use gestures rather than speech? ☐ Yes
	□ No
6.	Does your child have difficulties chewing and/or swallowing? □ Yes
	□ No
7.	Does your child drool too much? □ Yes
	□ No
8.	Do you have any concerns about your child's speech and language? □ Yes
	□ No

Take the completed form to the appointment at BVC where you will have the chance to talk about your answers.