



**SPEECH & LANGUAGE SUPPORT PROGRAM FORM**

*Expanding Horizons...  
Individualizing Excellence*

**Kindergarten Pre-Registrations Only**

**Child's Name** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

Please check all appropriate boxes. You may make additional comments.

**Yes**      **No**

\_\_\_\_\_

Child talks very little. Shyness?

\_\_\_\_\_

Child speaks using short utterances.

\_\_\_\_\_

Child speaks in complete sentences.

\_\_\_\_\_

Child demonstrates some grammatical errors.

\_\_\_\_\_

Child demonstrates sound substitutions, distortions, or omissions

List examples.

\_\_\_\_\_

Child's speech is not fluent-repeats, hesitates, prolongs sounds or grimaces during speech.

\_\_\_\_\_

Child may have a voice problem: pitch, volume, rate, quality (hoarseness, harshness, nasality).

\_\_\_\_\_

Child has received speech and/or language therapy.

\_\_\_\_\_

I would like to speak with the speech-language therapist regarding my child's speech or language development.

Additional comments: