

Grade _____

Room _____

**Bethel Park School District
Speech/Language Support Program
Registration Questionnaire**

(All students entering the Bethel Park Schools are screened for speech and language problems)

Student Name _____

Parent/Guardian Name(s) _____

Address _____

Birthdate _____ Phone Number _____

Does your child have any medical conditions or health concerns? No Yes
(if Yes, please explain)

Does your child suffer from allergies? No Yes Asthma? No Yes

Is your child on any medication? No Yes
(if Yes, please explain)

Does your child have a history of ear infections? No Yes Any hearing difficulties? No Yes
(if Yes, please explain)

Do you feel your child has any speech and/or language difficulties? No Yes
(if Yes, please explain)

Was your child in a preschool program? No Yes _____

Did your child ever have a Speech and Language Evaluation? No Yes

Has your child ever received Speech/Language Therapy? No Yes

Where _____

When _____

What type of therapy program _____

Is any language other than English spoken in the home? No Yes
(if Yes, please explain)

Parent/Guardian Signature

Date