

PRE-SPEECH SKILLS RECORDING FORM

Name: _____ Date of Birth: _____

Respiration

- Prolongs exhalation beyond what is needed for breathing. (Crying, cooing, and babbling sounds would all show prolonged exhalation.)

Phonation

- Can use his/her voice to make any kind of vocal sounds (crying, laughing, cooing, etc.).

Feeding Skills

- Able to breastfeed
 Able to bottle feed
 Eats foods that do not require chewing (cereal, Stage 1 baby food)
 Eats foods that do require chewing
 Eats foods with a variety of textures (e.g., yogurt with cereal or fruit mixed in)

What foods does your child eat/prefer to eat currently? _____

Feeding Difficulties

Any difficulties in mouth area? _____

Any difficulties with chewing? _____

Any difficulties with spitting up or vomiting? _____

Any difficulties with food textures? _____

Oral Motor Skills

Describe muscle tone in oral facial area (in and around the mouth): _____

Range of motion (can child smile and use tongue to lick his lips?) _____

Muscle coordination _____

Imitation

- Can imitate non-speech sounds (throwing a kiss, smacking lips)
 Can imitate speech sounds
 Can imitate words

Babbling

- Can babble sounds
 Can babble long strings of sounds