

# PRIMARY PEDIATRICS

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## THREE-YEAR SPEECH EVALUATION

Please respond to the following items by marking "+" if your child exhibits the behavior and "-" if your child does not exhibit the behavior. This information will assist us in performing a comprehensive evaluation of your child's language development.

1. Does your child seem to hear everything that is said to him?
2. Does your child speak in simple sentences using nouns and verbs?
3. Does your child use "is + - ing" verb structures: "Mommy is going shopping."?
4. Does your child use the verb "is" in sentences?
5. Does your child use adjectives: big, small, pretty, etc.?
6. Is your child beginning to use past tense verbs: "I played with my toys."?
7. Does your child greet others using "Hi" and "Bye" correctly?
8. Does your ask questions such as "Why?" "Where?" "What?" etc. ?
9. Does your child ask questions that require a "Yes" or "No" answer?
10. Does your child pronounce the m, p, b, w, h, y sounds correctly (mom, pop, bob, water, house, yes)?
11. Can your child be understood at least 75% of the time by adults?
12. Does your child's speech have proper rhythm and inflection?
13. Does your child look at the person he is speaking to?
14. Does your child use the words "the" and "a" in sentences?
15. Does your child use "he" and "she" correctly?
16. Does your child refer to himself as "I"?
17. Does your child answer questions accurately?

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

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Name \_\_\_\_\_ Date \_\_\_\_\_

The American Academy of Pediatrics (AAP) has recently changed its guidelines for Tuberculosis skin testing. Please complete following questionnaire to help your physician determine if your physician determine if your child requires a TB skin test.

1. Has your child been exposed to anyone with tuberculosis?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. Has your child been exposed to anyone with a positive tuberculosis skin test?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Has anyone in your family immigrated to this country from any of the following regions: Asia, Middle East, Africa, Latin America, Mexico?

YES \_\_\_\_\_ NO \_\_\_\_\_

4. Has your child traveled to any of the above listed geographical regions?

YES \_\_\_\_\_ NO \_\_\_\_\_

5. Has your child received a BCG vaccination?

YES \_\_\_\_\_ NO \_\_\_\_\_

6. Has your child been exposed to any of the following individuals?

A homeless person

YES \_\_\_\_\_ NO \_\_\_\_\_

A person infected with HIV/AIDS

YES \_\_\_\_\_ NO \_\_\_\_\_

A nursing home resident

YES \_\_\_\_\_ NO \_\_\_\_\_

A person who is in prison, jail or similar institutions

YES \_\_\_\_\_ NO \_\_\_\_\_

A person who uses illicit drugs

YES \_\_\_\_\_ NO \_\_\_\_\_

A migrant farm worker

YES \_\_\_\_\_ NO \_\_\_\_\_