



The  
**LANGUAGE**  
**LEARNING CENTER**  
Empowering the Mind to Work its Best  
729-2294 69 A Lindsey Lane Kingsland

**Traditional Speech Therapy**  
**Innovative Learning Programs** designed  
to improve reading, comprehension, math,  
organizational skills and the ability to focus  
and concentrate  
**Call today for more information!**

Dear Parent/Guardian,

In an effort to provide the most appropriate therapy(ies) to your child, please take a moment to answer the following questions. Please return this completed questionnaire to the front desk at your child's next visit. Thank You.

1). Child's Name \_\_\_\_\_ Your Name \_\_\_\_\_

3). Does your child have any aversions to certain food textures? \_\_\_\_\_ if yes, please describe \_\_\_\_\_  
\_\_\_\_\_

4). Does your child have any feeding peculiarities (packing mouth overfull, drink extraordinary amounts of beverage with a meal, inappropriate/uncoordinated tongue movements, etc)? If yes, please describe  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5). Does your child appear to have any difficulty with eating ( trouble swallowing, choking, gagging or vomiting at mealtime)? If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_