**Enhancing Communication, LLC**
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# Parent Questionnaire/Myofunctional Screening Form

***For children 4 years of age and older**

**Child's Name:** _____ **DOB:** _____ **Date:** _____

**PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE**

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| 1. | Do you notice that your child occasionally (or often) has his/her mouth open at rest? | ❑YES | ❑NO |
| 2. | Has your child ever had trouble with their speech or received speech therapy services? | ❑YES | ❑NO |
| 3. | Does it seem like your child is a messier eater than other kids? (chews with mouth open, drinks and chews at the same time, doesn't notice the food on their face, etc.) | ❑YES | ❑NO |
| 4. | Has your child ever had a thumb/finger/blanket/shirt sucking habit? | ❑YES | ❑NO |
| 5. | Has your child ever had allergies or food sensitivities? | ❑YES | ❑NO |
| 6. | Have you been told that your child may be tongue and/or lip tied or suspected it? | ❑YES | ❑NO |
| 7. | Has your child had a tongue or lip tie revised? (clipped or laser) | ❑YES | ❑NO |
| 8. | Has your child ever experienced any issues with digestion? (stomach aches, gas, burping, acid reflux, etc.) | ❑YES | ❑NO |
| 9. | Did your child have any difficulties feeding as an infant? | ❑YES | ❑NO |
| 10. | Has your child experienced any breathing issues or difficulties? (asthma, chronic congestion, etc.) | ❑YES | ❑NO |
| 11. | Has your child ever had their tonsils and/or adenoids removed or been told they are enlarged? | ❑YES | ❑NO |
| 12. | Do you notice that your child tends to breath through their mouth more often than their nose? | ❑YES | ❑NO |
| 13. | Does your child snore or have noisy breathing while sleeping? | ❑YES | ❑NO |

**If you answered YES to any of these questions, it is likely that your child may have some myofunctional concerns.**

**If you answered YES to 3 or more of these questions, it is recommended that you seek out myofunctional therapy.**

To learn more about WHY these questions are so important to your child's health and development, and about the benefits of myofunctional therapy, CALL Enhancing Communication at 567-218-0518. Amanda Modrowski is the owner and Speech-Language Pathologist who is knowledgeable in both myofunctional and feeding evaluations and therapy services.

Visit our website at **www.enhancingcommunicationtoledo.com** to learn more about services as well as Orofacial Myofunctional Disorders.