CHILD TONGUE-TIE ASSESSMENT

Use this assessment form to determine if your child may be a candidate for tongue-tie release. The more checkmarks, the more likely they may be to benefit from a functional approach to tongue tie release.

Has your child experienced any of the following issues?

Speech	Feeding
Frustration with communication	Frustration when eating
Difficult to understand by parents	Difficulty transitioning to solid foods
Difficult to understand by outsiders	Slow eater (doesn't finish meals)
% Percent of time you understand your child	Grazes on food throughout the day
Difficulty speaking fast	Packing food in cheeks like a chipmunk
Difficulty getting words out (groping for words)	Picky with textures (which?)
Trouble with sounds (which?)	Choking or gagging on food
Speech delay (when?)	Spits out food
Stuttering	Other:
Speech harder to understand in long sentences	
Speech therapy (how long)	
Mumbling or speaking softly	
"Baby Talk"	
Nursing or Bottle-Feeding Issues as a Baby	Sleep issues
Painful nursing or shallow latch	Sleeps in strange positions
Poor weight gain	Kicks and flails around at night
Reflux or spitting up	Wakes easily or often
Unable to hold pacifier	Wets the bed
Milk dribbling out of mouth	Wakes up tired and not refreshed
Poor Supply	Grinds teeth while sleeping
Nipple shield required for nursing	Sleeps with mouth open
Clicking or smacking noise when eating	Snores while sleeping (how often)
Other:	Gasps for air or stops breathing (sleep apnea)
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Other related issues	
Neck or shoulder pain or tension	
TMJ Pain, clicking, or popping	
Headaches or migraines	
Strong gag reflex	
Mouth open /mouth breathing during the day	
Tonsils or adenoids removed previously	
Ear tubes previously	
Reflux (medicated or not)	
Hyperactivity / Inattention	
Constipation	