

PARENT/CARER QUESTIONNAIRE

***** Please complete and bring with you to your 1st appointment *****

***** Please bring copies of any reports for your child, e.g. School Report, to the appointment *****

1 PERSONAL INFORMATION

Child's name:		Date of birth:	
Name of person completing this form:			
Relationship to child:			
What languages are spoken at home?			
Who lives at home? (include the ages of any other children):			
Name of G.P. and Surgery:			
Name of Health Visitor: (IF APPLICABLE)			
Name of School or Nursery:			
Days attending (if Nursery):			

2 OTHER PEOPLE HELPING YOUR CHILD

✓

No one	
Paediatrician (Specialist Children's Doctor)	
Flying Start/Families First support, e.g. Chatterbox, Tiny Talkers, Chatty Chimps	
Audiology/Teacher of the Deaf	
Education Psychologist	
Specific help in school, e.g. classroom assistant, ComIT, Teaching Assistant	
Other (please specify):	
Social Services	

PLEASE BRING COPIES OF ANY PROFESSIONAL REPORTS FOR YOUR CHILD EG SCHOOL REPORT

3 YOUR CONCERNS

Indicate on the scale how concerned you are about your child's communication skills - please tick

1	2	3	4	5
Not concerned	Mildly concerned	Concerned	More concerned	Very concerned

Describe your main concerns about your child's communication skills:

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If appropriate indicate on the scale how concerned your child is about their communication skills - please tick

1	2	3	4	5
Not concerned	Mildly concerned	Concerned	More concerned	Very concerned

Describe your child's main concerns about their communication skills:

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How are your child's communication difficulties affecting their ability to be part of home/family/life, e.g. no problems, getting frustrated, upset, refusing to talk.

Describe your child's level of self confidence:

What are you and your family doing to help your child's communication? e.g. using simple words and sentences

4 BACKGROUND INFORMATION

Were there any difficulties/complications during: Pregnancy/Birth?
If yes, please briefly describe:

What was your child like as a baby? e.g. did they babble, was your baby sociable, e.g. smiling, laughing?

Were your child's developmental milestones early, late or on time, e.g. walking, toilet training?

Did/does your child have any difficulties with feeding?

Did/does your child use a dummy?

Has your child's hearing been assessed?
What were the results?

Has your child had any health concerns?

Have any other members of your family ever had speech or language problems?

5 ATTENTION AND LISTENING

Describe your child's ability to pay attention or focus on an activity.

6 PLAY AND SOCIAL INTERACTION

What does your child enjoy playing with? e.g. bricks, dolls, tea set, board games, computer games etc

Who does your child enjoy playing with: e.g., brother, sister, friends, adults only

