

**SPEECH AND LANGUAGE THERAPY
PARENT QUESTIONNAIRE**

PLEASE COMPLETE IN BLOCK CAPITALS

Child's Name:	Date of Birth:
Names of adults living with the child:	Relationship to child:
Names of children in the family:	Dates of Birth:
School / Nursery / Playgroup:	
School Year:	Name of Teacher:
How do you feel your child is getting on there?	
Have you any worries about your child's hearing?	
Has your child had a hearing test? Yes / No (if Yes, when?)	
Were there any problems?	
Does your child have any allergies?	
Has your child seen a Speech and Language Therapist before?	

Does your child have any known medical condition?

Do you have any other concerns about your child?

Have you seen anybody else about these concerns?

 **Please return completed form with SLT referral to:**

Children's Speech & Language Therapy, Chelmsley Wood Primary Care Centre, Crabtree Drive,
Birmingham, B36 5BU

Listed below are areas in which Speech & Language Therapy may be able to help. Please circle the response (Yes or No) which is applicable to your child and make comments.

NATURE OF DIFFICULTY	RESPONSE (please circle)	COMMENTS
LISTENING & ATTENTION		
<ul style="list-style-type: none"> Does your child reliably respond to their name? 	Yes / No	
<ul style="list-style-type: none"> Does your child move quickly from one activity to another? 	Yes / No	
<ul style="list-style-type: none"> Is your child reluctant to change activities, preferring to do the same things all the time? 	Yes / No	
<ul style="list-style-type: none"> Does your child appear to have forgotten things you've said to them? 	Yes / No	
UNDERSTANDING LANGUAGE		
<ul style="list-style-type: none"> Does your child understand familiar routines and words? 	Yes / No	
<ul style="list-style-type: none"> Does your child follow long or unusual instructions? e.g. Put your book on your head? 	Yes / No	
<ul style="list-style-type: none"> Does your child often repeat things you've said but struggle to follow the instruction? 	Yes / No	
<ul style="list-style-type: none"> Does your child give the wrong answer to a question? (although it may be linked) e.g. What is your sister's name? My name is Sophie 	Yes / No	
SPOKEN LANGUAGE		
<ul style="list-style-type: none"> How many words do you think your child says? 	Yes / No	
<ul style="list-style-type: none"> Does your child often use the wrong word when talking? 	Yes / No	
<ul style="list-style-type: none"> Does your child appear quiet or reluctant to talk, especially away from the home? 	Yes / No	

<ul style="list-style-type: none"> Does your child miss off the endings to words? e.g. – ing, -ed, -s 	Yes / No	
SPEECH SOUNDS		
<ul style="list-style-type: none"> Can you understand what your child is saying? 	Yes / No	
<ul style="list-style-type: none"> Can unfamiliar people understand what your child is saying? 	Yes / No	
<ul style="list-style-type: none"> Does your child use one sound instead of another in words? e.g. 't' instead of 'k/c' 	Yes / No	
<ul style="list-style-type: none"> Does your child jumble up the sounds in words or only use a few sounds when talking? 	Yes / No	
<ul style="list-style-type: none"> Does your child say some words differently every time they say them? 	Yes / No	
FLUENCY		
<ul style="list-style-type: none"> Does your child repeat words/sounds/phrases or appear to get stuck when talking? 	Yes / No	
<ul style="list-style-type: none"> Does your child appear tense or frustrated when talking? 	Yes / No	
PLAY AND INTERACTION		
<ul style="list-style-type: none"> Does your child either avoid looking at people or seem to stare at people when communicating? 	Yes / No	
<ul style="list-style-type: none"> Does your child like to do all the talking when communicating with others? 	Yes / No	
<ul style="list-style-type: none"> Does your child say things that appear inappropriate or embarrassing when in social situations? 	Yes / No	
<ul style="list-style-type: none"> Does your child prefer to play on their own and struggle to share toys with their peers? 	Yes / No	
<ul style="list-style-type: none"> Please give examples of toys your child likes to play with? 		
FEEDING/SWALLOWING/ORAL MOTOR SKILLS		
<ul style="list-style-type: none"> Does your child dribble? 	Yes / No	
<ul style="list-style-type: none"> Does your child eat a variety of different foods? 	Yes / No	
<ul style="list-style-type: none"> Does your child cough or gag while eating/drinking? 	Yes / No	

<ul style="list-style-type: none"> Does your child have a history of chest infections? 	Yes / No	
<ul style="list-style-type: none"> Does your child use a dummy/bottle? 	Yes / No	
MOTOR SKILLS		
<ul style="list-style-type: none"> Is your child able to move around as appropriate for their age (e.g. crawling, walking) 	Yes/No	
<ul style="list-style-type: none"> Is your child able to dress themselves as appropriate for their age? 	Yes/No	
<ul style="list-style-type: none"> Is your child able to use fine motor skills as appropriate for their age? (e.g. holding, using cutlery) 	Yes/No	
TOILETING		
<ul style="list-style-type: none"> Is your child toilet trained as appropriate for their age? 	Yes/No	
BIRTH DETAILS		
<ul style="list-style-type: none"> Was your child born full term? 	Yes/No	
<ul style="list-style-type: none"> Did you or your child experience any complications at birth? 	Yes/No	
FAMILY HISTORY		
<ul style="list-style-type: none"> Is there a family history of any speech, language, communication, hearing or learning difficulties? Please give details. 	Yes/No	