



Thank you for taking the time to fill out this questionnaire. It will help me to understand more about your child and the concerns you have. To complete your child's assessment it is important for me to know details about their development, medical history and any other circumstances that may affect their progress. It can be helpful to complete this together as parents/carers, or with another close relative. You may find you remember different details or you may have different views or concerns which can be helpful to be aware of. It is essential that you return this to me before our first meeting as this will help me to plan the most effective and tailor-made appointment for your child.

Some of the sections that relate to your child's communication may not be relevant – please just highlight that this is the case.

### **About Your Child**

Forenames:

Surname:

Date of Birth:

Parent(s)' Full Names:

Please describe your child's general health / past or ongoing medical issues:

Does your child have any allergies? (please give details):

Does your child see any other medical professionals e.g. ENT, Child Development Team, Audiology? (please give details):

Has your child seen, or are they due to see any other Speech and Language Therapist e.g. NHS SLT? (please give details):

Please give details of any other professionals or support services involved with your child in or out of school e.g. Educational Psychology, Social and Caring Services, Occupational Therapist (Please can you send any reports):

Who lives at home with your child? Please give names and ages of siblings, and details of any pets:

What languages are spoken at home?

What is your child interested in / what do they enjoy doing?

## Your Views and Concerns

What are your concerns about your child's speech, language and communication?

How does your child feel? (e.g. do they get frustrated when they have difficulties communicating?)

What are you hoping to gain from Speech and Language Therapy involvement?

## Your Child's Early Development

Were there any difficulties / issues during pregnancy, birth or straight after birth? (please give details)

Has your child any illnesses/trauma/accidents in their life?

### Feeding

a) Did your child breast feed, bottle feed or a mixture of both?

b) Were there any difficulties with early feeding? (please give details)

c) How old was your child when they started on solids?

d) Were there any issues for your child with accepting solids/ different textures / chewing?

If your child used a dummy, at what age did they stop? If they still use a dummy, how frequent is this?

How is your child's sleep?

At what age did your child complete toilet training?

At what age (approximately) did your child:  
Sit unaided:                      Crawl:

Walk:

## Your Child's Hearing

- Do you have any concerns about your child's hearing? (please give details) Yes No
- Did your child pass their new-born hearing screen? Yes No
- Has your child had any other hearing tests? (please give details) Yes No
- Has your child ever had an ear infection / Glue ear? (please give details) Yes No
- Does your child suffer with regular congestion / runny nose? Yes No
- Does your child dribble? Yes No
- Does your child often snore? Yes No
- Does your child notice sounds in the environment e.g. a dog barking outside / the doorbell / an aeroplane? Yes No
- Does your child turn the TV up louder than other members of the family? Yes No

## Your Child's Speech and Language Development

### Family History:

Is there any history on either side of the family of the following difficulties?

Please give details about the kind of difficulties and which members of the family have been affected:

- Speech and language difficulties / delay Yes No
- Reading / spelling difficulties / dyslexia Yes No
- Autism / Social Communication difficulties Yes No
- Learning difficulties Yes No
- Auditory Processing Difficulties Yes No

### Early Sounds:

As a baby did your child babble and make lots of noises or were they quieter than other babies

### First Words:

- At what age (approximately) did your child they say their first word? Can you remember some of their early words? (please give examples)

**Word Joining:**

At what age (approximately) did they start to join words together?

**Using Sentences:**

If your child uses sentences, please give some examples of the kinds of sentences they say. If they miss words out or put words in the wrong order, please write the sentence as your child says it:

**Understanding Language:                      Applicable                      Not Applicable**

Does your child understand what YOU say to them? (please tick the answer that best describes your child)

Yes (most of the time)

No

Sometimes

Do you have to point and gesture to help them understand?                      Yes                      No

What tends to happen if you give your child instructions with more than one step e.g. "can you go upstairs, put your dirty clothes in the washing basket and bring down your empty cup?"

Will follow instructions correctly

Will tend not to listen to instructions and needs it repeated

Listens, but looks blank and doesn't respond correctly

Will follow part of an instruction but forgets the rest

Other (please describe):

**Interaction and Play:                      Applicable                      Not Applicable**

Describe how your child gets on with others:

How would you describe your child's play with other children?

They tend to play alone

They play alongside other children without joining in

They join in games with others

Other (please describe):

Does your child enjoy role play e.g. pretending to be a doctor, a shop keeper or a builder?                      Yes                      No

Please describe any concerns you have about your child's play, interaction and social skills:

**Speech Sounds / Pronunciation:****Applicable****Not Applicable**

How much of your child's speech do you think the following people understand? (please tick in boxes to show)

Person	Understands <b>everything</b> child says	Understands <b>most</b> of what child says	Understands <b>some</b> of what child says	Understands <b>a little</b> of what child says	Does <b>not</b> understand any of what child says	Not Applicable
Mum						
Dad						
Siblings						
Wider Family						
Friends						
School Staff						
Strangers						
Other:						

Are there particular sounds or words you have noticed that your child has difficulty pronouncing?

**Speech Fluency:****Applicable****Not Applicable**

Does your child ever stammer/stutter?

Yes    No

If so, when did this start?

Has it changed since then?

Yes    No

What situations make the stammer better/worse?

What happens when they stammer? (tick all that apply)

Repeat whole words e.g. "my my my biscuit..."

Make movements with face or body

Repeat parts of words e.g. "my b.b.b.biscuit"

Give up on trying to talk

Stretch sounds "mmmmmy biscuit"

Other (please describe):

Get stuck on a sound and nothing comes out

Is your child aware of the stammer/stutter?

Yes    No

What do you do or say to try and help?

**Screen time:**

On average, approximately how much time per day does your child spend:

Using electronic devices such as mobile phone / iPad / computer / games consoles:

None	< 30 minutes	30-60 minutes	1-2 hours	2-3 hours	3-5 hours	5 hours+
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Watching TV / DVDs:

None	< 30 minutes	30-60 minutes	1-2 hours	2-3 hours	3-5 hours	5 hours+
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Does your child find it difficult to accept when their screen time ends?

Yes (most of the time)	No	Sometimes
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**Your Child's Progress at School**

Please describe how your child is progressing with their reading and writing:

Please describe how your child is progressing with numeracy/maths:

What does your child enjoy most about school?

Is there anything that your child does not enjoy at school?

Is there anything that worries your child (either at school or home)?

What comments if any have school made about your child's speech and language?

Is your child receiving any extra support at school? (please give details)

Please tell me anything else about your child, your family circumstances or your concerns that you feel is relevant for me to know before coming to visit you:

Questionnaire completed by:

Relationship to Child:

Signed:

Date:

Questionnaire completed by:

Relationship to Child:

Signed:

Date: