**Questionnaire**

***Early Development:***

*Please tick the correct box and provide as much detail as possible.*

1. Were there any problems in the early months? E.g. Feeding/swallowing

|  |  |
| --- | --- |
| ***Yes*** | ***No*** |
| ***Please give details*** | |

1. If possible, please state at approximately what age (months) your child did the following:

|  |  |  |
| --- | --- | --- |
| ***Sit Up*** | ***Crawl*** | ***Walk*** |
|  |  |  |

1. Did your child show clear preference for one hand?

|  |  |  |  |
| --- | --- | --- | --- |
| ***Which hand?*** | ***At what age? (Months)*** | ***Has s/he maintained this preference?*** | |
|  |  | ***Yes*** | ***No*** |

1. Does your child have any physical or medical disabilities?

|  |  |
| --- | --- |
| ***Yes*** | ***No*** |
| ***Please give details*** | |

1. How your child been diagnosed with any form of Speech and Language Impairment?

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***Speech, Language and Communication Development:***

*Please give as much detail as possible.*

1. At approximately what age (months) did your child begin to use a few words? E.g. mummy or daddy?

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1. When did you start to think your child’s speech and language was different to others?

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1. Was your child understandable outside the family by the age of 3?

|  |  |
| --- | --- |
| ***Yes*** | ***No*** |
| ***Please give details*** | |

1. Were any sounds mispronounced? If so, which ones?

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1. When did h/she start using sentence or putting words together?

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***Receptive Language (What your child understands):***

*Please tick the appropriate answers and give as much detail as possible.*

1. Which of the following do you think your child understands?

* His/her own name
* Names of objects
* Conversational speech
* Name of body parts
* Simple directions
* Family names
* Complex directions

Please list the words your child understands:

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***Expressive Language (What your child says; can be verbal and nonverbal):***

*Please tick the appropriate answers and give as much detail as possible.*

1. What is the primary method(s) your child uses for letting you know what he/she wants? (Tick all that apply).

* Looking at objects
* Crying
* Single words
* Pointing at objects
* Vocalising/grunting
* 2-3-word combinations
* Gestures
* Physical manipulation
* Sentences
* Picture communication and/or signs

1. How have your child’s communication skills (including verbal and non-verbal) changed over the past few months?

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1. What kinds of sounds/words does your child say?

Vowels ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Consonants ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Consonants-Vowel combinations ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Words ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

***Fluency/Stuttering:***

*Please tick the correct box which applies to your child.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***My child……*** | ***Yes*** | ***Sometimes*** | ***No*** |
| Repeats whole words e.g. “why, why, why” |  |  |  |
| Repeats parts of words |  |  |  |
| Prolongs or holds onto a sound e.g. “w-------hy” |  |  |  |
| Is frustrated by his/her speech difficulty |  |  |  |
| Has a family member with similar difficulty |  |  |  |
| Avoids speaking situations |  |  |  |
| Avoids eye contacts |  |  |  |
| Has associated physical behaviours e.g. eye blinking, body movements. |  |  |  |

***Conclusion:***

*Please tick the appropriate answers.*

1. Which of the following best describes your child’s speech?

* Easy to understand
* Difficult for parents to understand
* Difficult for others to understand
* Almost never understood by others

1. Which of the following statements best describes your child’s reactions to his/her speech?

* Is easily frustrated when no understood
* Does not seem aware of speech/communication problem
* Tries to say sounds or words more clearly when asked
* Will attempt to use an alternative form of communication if the original method fails

1. What efforts have been made to help him/her? Any examinations? Therapy etc?

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1. Is there anything else you would like to share about your child regarding his/her speech, language and communication?

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