

Confidential Parent Questionnaire

Identifying Information:

Full Name of Child: _____

Preferred Name or Nick Name: _____

Date of Birth: _____ Current Age: _____

Mother's Name: _____ Contact Number: _____

Father's Name: _____ Contact Number: _____

Home Phone Number: _____ Alternate Phone Number: _____

Address: _____

Email: _____

Referral Information:

Who referred you or where did you find out about WCSP: _____

Reason for referral: _____

Social and Family History:

Siblings Names and Dates of Birth:

Can your child speak any other languages? YES/NO If YES, please state: _____

If your child speaks more than one language, at what age were they first exposed to English? _____

In what language are your child's language skills more advanced? ENGLISH/OTHER

Please specify: _____

Does your child have a delay in their native language? _____

Is there any family history of speech and or language difficulties (including late talking, dyslexia, stuttering)? _____

Medical History:

Birth: Natural/Caesarian and Full Term/Premature

Were there any complications during pregnancy or at birth?

Is your child on any medication? YES/NO

Please specify: _____

Has your child ever had any feeding difficulties? YES/NO (swallowing, sucking, chewing)

Please specify: _____

Does your child have a history of colds and or ear infections? YES/NO
 How many ear infections does your child have in a year? _____
 When was the last ear infection? _____
 Have they had grommets inserted? YES/NO

Have they had their hearing tested? YES/NO
 When was the most recent hearing assessment done and what were the results?

Has your child had previous Speech Pathology services? YES/NO
 Please specify when, where, and what your child was seen for: _____

Has your child been seen by or continue to see other Allied Health Professionals?
 YES/NO
 a) Psychologist: _____
 b) Pediatrician: _____
 c) Physiotherapist: _____
 d) Occupational Therapist: _____
 e) Dietician: _____
 f) Other: _____

Developmental History

At approximately what age did your child start to:
 Sit: _____ Babble: _____
 Crawl: _____ Use single words: _____
 Walk: _____ Join words together: _____

Approximately how much of your child's speech can be understood by a stranger?
 1) In their native language: _____ (0-25%/25-50%/50-75%/75-100%)
 2) In English: _____ 0-25%/25-50%/50-75%/75-100%

Day Care and School Information:

Does your child attend Day Care? YES/NO Name of Day Care: _____
 Does your child attend school? YES/ NO Name of School: _____
 What year is your child in? _____ Name of your Child's Teacher: _____

Behaviour and Interests:

Please list your child's strengths: _____

 How would you best describe your child's personality? _____

 Does your child interact with others or do they prefer to play alone? OTHERS/ALONE
 What kinds of things does your child enjoy talking about? _____

What types of activities does your child enjoy? _____

What types of toys and books does your child enjoy? _____

Parents Concerns and Goals:

Please describe what concerns you about your child' speech and or language development _____

What strategies have you used to help your child? _____

What are you goals or ideal outcomes from the assessment and or therapy process?

More Important Information:

Permission to Release and Share Information

I, _____ hereby give permission for _____
to send a copy of my child's assessment reports, progress notes, or treatment
summary letter to, or to discuss my child with my child's:

- a) Teacher
- b) Pediatrician
- c) General Practitioner
- d) Other Allied health professionals

Parent Signature/s _____ Date: _____

Attendance Policy

Appointments are limited, and due to the high demand it would be appreciated if
you could provide at least 24 hours notice when cancelling a scheduled
appointment.

A failure to attend fee may be charged if families do not provide enough notice or if
the reason is other than an emergency or special circumstance. This fee will be
calculated at 30% of your appointment fee.

Please sign below to indicate that you are aware of the attendance policy

Parent Signature/s _____ Date: _____