

SPEECH & LANGUAGE THERAPY REFERRAL QUESTIONNAIRE

General Information

Date: _____

Child's name: _____ Date of Birth: _____

Parents/Guardians Details

Names/Address: _____

Home Phone Number: _____ Mobile Number: _____

Work Phone Number: _____

Email address: _____

Who referred your child for Speech & Language: _____

Developmental and Medical History

1. Describe your child's birth history. List any complications during pregnancy, birth, or infancy. _____

2. Please give the approximate ages that your child accomplished major developmental milestones. Includes sitting independently, crawling, walking, reaching, talking etc. _____

3. Please describe any developmental challenges your child has faced or continues to face. _____

4. Please use the following scale to describe your child's behaviour

- 1 – Never or rarely exhibits this behaviour
- 2 – Occasionally exhibits this behaviour
- 3 – Exhibits this behaviour as much as is typical for a child of this age.
- 4 – Exhibits this behaviour somewhat more often than expected.
- 5 – Very frequently exhibits this behaviour.

Diarrhoea	1	2	3	4	5
Stomach ache	1	2	3	4	5
Vomiting	1	2	3	4	5
Headache	1	2	3	4	5
Constipation	1	2	3	4	5
Ear ache	1	2	3	4	5

5. Does your child have a history of ear infections? If yes please describe the frequency of occurrence and how the ear infection have been medically treated.

6. Does your child have any allergies? If yes, please list what your child is allergic to, how these allergies are medically managed and any behaviour's your child exhibits that you think are related either to the allergies or the allergy medications.

7. Does your child currently take any medications? If yes, please list the medications, dosages and for what condition the medication is taken. Also please list any behaviour's your child exhibits that you believe might be attributed to the medication.

8. Check any of the following with whom you have had contact concerning your child. Give name and address.

Psychologist {} Physical Therapist {} Speech Therapist {}
Neurologist {} Resource of Special Teacher {}

School History

- 1. What class/year is your child currently attending? _____
- 2. What school does your child attend? _____
- 3. What is your child's teacher's name? _____
- 4. Has your child had any formal evaluations/testing? If so what and when?

Behaviour/Emotional Components

Please use the following scale to describe your child's behaviour.

- 1 – Never or rarely exhibits this behaviour
- 2 – Occasionally exhibits this behaviour
- 3 – Exhibits this behaviour as much as is typical for a child of this age.
- 4 – Exhibits this behaviour somewhat more often than expected.
- 5 – Very frequently exhibits this behaviour.

Compliant	1	2	3	4	5
Displays affection towards others	1	2	3	4	5
Displays aggression toward self	1	2	3	4	5
Displays aggression toward others	1	2	3	4	5
Irritable	1	2	3	4	5
Cries easily	1	2	3	4	5
Seems happy	1	2	3	4	5
Seems immature for age	1	2	3	4	5
Displays rapid mood swings	1	2	3	4	5
Seems independent	1	2	3	4	5
Seems dependent	1	2	3	4	5
'Baby talks'	1	2	3	4	5
Seems to need a lot of comfort & nurturing	1	2	3	4	5
Seems impulsive	1	2	3	4	5

Communication

Initiates eye contact when greeting someone	1	2	3	4	5
Initiates eye contact when requesting information	1	2	3	4	5
Sustains eye contact	1	2	3	4	5
Takes turns	1	2	3	4	5
Interacts with peers	1	2	3	4	5
Interacts with adults	1	2	3	4	5
Participates in conversations	1	2	3	4	5
Responds to verbal information in a timely manner	1	2	3	4	5

5. If your child is nonverbal, please describe the frequency and types of vocalisations your child uses.

6. If your child is nonverbal, please describe how your child communicates and give examples.

7. If your child is verbal, please describe your child's verbal abilities (i.e. vocabulary, ability to stay on topic etc). _____

Self-Care/Daily Routines

1. Please describe a typical mealtime with your child. Include where, what and how your child eats, your child's typical appetite, the number of meals and snacks your child has each day, your child's behaviour during mealtimes, etc.

2. Please describe how your child typically gets dressed. Include the types of clothing your child wears, how independent your child is with his/her clothing, how long it takes your child to dress, your child's behaviour during dressing, etc.

3. Please describe your child's behaviour and level of independence for the following tasks: teeth and hair brushing, washing hands and face.

4. Please describe your child's toileting skills. Include level of independence, frequency of occurrences of bed wetting, of daytime bowel and bladder accidents, awareness of toileting needs, etc.

5. Please describe how your child makes transitions between people and environments. Include level of independence during transitions, need for transitional objects, need for advance preparation about schedule changes, etc.

6. Please describe your child's ability to independently keep track of personal belongings. _____

7. Please describe your child's ability to independently organise personal belongings, i.e. homework, bedroom, and desk etc. _____

8. Please describe your child's typical play skills. Include information about the ages of the people your child chooses to play with, if your child chooses to be a leader, a follower, or a loner. How many people your child is comfortable playing with at once, whether your child prefers a few close friends or a lot of acquaintances, etc.

Arousal/Attention/Self-Regulation

1. Please use the following scale to describe your child's behaviour

- 1 – Never or rarely exhibits this behaviour
- 2 – Occasionally exhibits this behaviour
- 3 – Exhibits this behaviour as much as is typical for a child of this age.
- 4 – Exhibits this behaviour somewhat more often than expected.
- 5 – Very frequently exhibits this behaviour.

Is an early morning riser	1	2	3	4	5
Awakens during the night	1	2	3	4	5
Has difficulty falling asleep	1	2	3	4	5
Is irritable upon awakening	1	2	3	4	5
Wets bed	1	2	3	4	5
Attends to toys	1	2	3	4	5
Attends to school	1	2	3	4	5
Attends to new environments	1	2	3	4	5
Able to independently sustain attention	1	2	3	4	5
Independently explores	1	2	3	4	5

2. Please describe the following (include behaviours your child exhibits that you think are significant, any tricks you use to help your child during these times, etc)

A typical bedtime routine _____

A typical night's sleep _____

A typical wake-up routine _____

3. Does your child seem irritable at predictable times of the day? If yes, please give description and the event that seem likely to trigger irritability. _____

4. Does your child seem happier or more cooperative at predictable times of the day? If yes, please give description, and the event that seem likely to precede these behaviours. _____

5. Please describe how your child approaches and explores a new environment. _____

6. Please describe any strategies your child used to help himself/herself sustain focused attention _____

Sensory Components

1. Please describe your child's sensitivity to touch. Include information about your child's behaviour regarding being touched, any clothing preferences your child might have, how your child uses touch to explore, etc. _____

2. Please describe your child's sensitivity to movement. Include information about the types of movement your child likes and dislikes, the frequency with which your child seems to seek movement, your child's behaviour regarding being moved off of the ground etc. _____

3. Please describe your child's sensitivity to sound. Include any types of sounds your child particularly enjoys or dislikes, your child's ability to filter out irrelevant sounds, your child's behaviour regarding loud sounds etc.

4. Please describe your child's visual attention. Include information about sensitivity to light, ability to attend irrelevant visual information, ability to sustain visual attention, ability to sustain visual attention, what typically engages your child's visual attention, etc.

Balance/Body Awareness/Praxis

1. Please use the following scale to describe your child's behaviour

- 1 – Never or rarely exhibits this behaviour
- 2 – Occasionally exhibits this behaviour
- 3 – Exhibits this behaviour as much as is typical for a child of this age.
- 4 – Exhibits this behaviour somewhat more often than expected.
- 5 – Very frequently exhibits this behaviour.

Initiates new activities	1	2	3	4	5
Understands how to play with new/novel toys	1	2	3	4	5
Plays with same toy in a variety of ways	1	2	3	4	5
Able to perform sequential tasks	1	2	3	4	5
Jumps	1	2	3	4	5
Plays on playground equipment	1	2	3	4	5
Swings	1	2	3	4	5
Enjoys roughhouse type play	1	2	3	4	5
Takes risks	1	2	3	4	5
Seems aware of safety concerns	1	2	3	4	5