



## DESCRIPTION OF COMMUNICATION SKILLS

<b>1.</b>	<b>Speech and Language Milestones</b> (please circle)		
a.	Did your child babble during the first six months?	Y	N
b.	Did your child ever begin to develop speech and then slow down or stop talking?	Y	N
c.	Was your child using his/her first meaningful words by 12 to 15 months?	Y	N
d.	Was your child putting two or more words together by 20 to 26 months? (e.g. "mommy do", "can go")	Y	N
<b>2.</b>	<b>What does your child do most now?</b>		
	_____ gesture only		
	_____ gesture plus "grunt"		
	_____ gesture plus word		
	_____ single words		
	_____ two to three word phrases		
	_____ incomplete sentences longer than three words		
	_____ complete sentences		
<b>3.</b>	<b>Please describe your concerns about your child's speech and language abilities.</b>		
<b>4.</b>	<b>Please describe the strengths of your child's speech and language abilities.</b>		
<b>5.</b>	<b>Our Program strives to respect diversity. If you think it will help us better serve you family, please provide the following <i>optional</i> information.</b>		
	Please check if any of these apply to your family:		
	_____ Aboriginal	_____ First Nations	_____ Metis
	Language(s) at home: _____		
	Cultural background: _____		
	Religion/Spiritual Considerations: _____		

<b>6. Hearing Ability</b>		
a. Has your child's hearing been tested in a sound proof booth? If yes: Date(s): _____ Location: _____ Results: _____	Y	N
b. Has your child ever had to have tubes in his/her ears? If yes: Date(s): _____	Y	N
c. Please indicate if your child has had frequent ear infections.		
<b>7. Visual Ability</b>		
Has your child's vision been tested by an Optometrist or Ophthalmologist? If yes: Date(s): _____ Location: _____ Results: _____	Y	N

**GENERAL DEVELOPMENT**

<b>1. Pregnancy and Birth History.</b> The following questions are requested to more fully understand your child's developmental history.	
a. Describe the mother's health and any unusual occurrences during the pregnancy (e.g. illness, diseases, accidents, etc).	
b. Describe any complications that may have occurred during or immediately following birth.	
c. Was there any prenatal exposure to: alcohol _____ drugs _____ tobacco _____	
<b>2. Medical History</b>	
a. Describe your child's general health during the first six months (poor, fair, good):	
b. Describe any suckling or feeding concerns:	
c. List any allergies or sensitivities your child has:	
d. List any serious illnesses, accidents or hospitalizations your child has had:	
e. List any medications your child is presently taking:	

f. Are your children's immunizations up to date?

g. Indicate whether your child has had any of the following examinations:

Date

Location

Recent Medical Exam: \_\_\_\_\_

Results: \_\_\_\_\_

Neurological Exam: \_\_\_\_\_

Results: \_\_\_\_\_

Allergy Testing: \_\_\_\_\_

Results: \_\_\_\_\_

Psychological Assessment: \_\_\_\_\_

Results: \_\_\_\_\_

Speech Language Assessment: \_\_\_\_\_

Results: \_\_\_\_\_

Ear, Nose & Throat Exam: \_\_\_\_\_

Results: \_\_\_\_\_

Occupational Therapy Evaluation: \_\_\_\_\_

Results: \_\_\_\_\_

Physiotherapy Evaluation: \_\_\_\_\_

Results: \_\_\_\_\_

Pediatrician Exam: \_\_\_\_\_

Results: \_\_\_\_\_

Other: \_\_\_\_\_

Results: \_\_\_\_\_

**3. Motor Milestones**

How would you describe your child's physical development (e.g. walking, climbing, balance, eating skills, toilet training, finger dexterity etc):

**4. Behaviour**

a. Describe your child's personality:

b. Please list some of your child's favourite activities:

**6. SIBLINGS**

NAME

DATE OF BIRTH

1.

1.

2.

2.

3.

3.

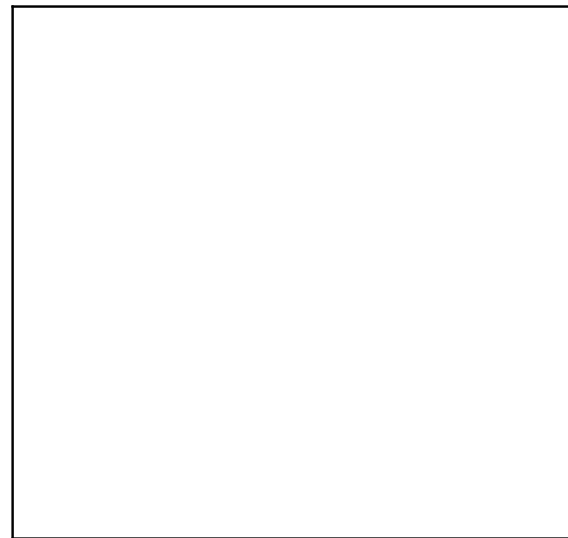
4.

4.

5.

5.

Please submit a photograph of your child if possible:



**5.** At times we have been asked by families if we could connect them with other families who have a child with similar needs.

Please indicate if you would be interested in being put in touch with another family should the opportunity arise.

Y

N

**OTHER**

- 1. Describe some types of activities you enjoy as a family:
  
- 2. Is your child currently attending a preschool/daycare? Y      N

If yes:  
 Name of Preschool/Daycare: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

- 3. Is your child currently being followed by any of the following:
- |   | Contact Person | Phone No: |
|---|----------------|-----------|
| Infant Development Program                                | _____          | _____     |
| Private Speech-Language Pathologist                       | _____          | _____     |
| Speech-Language Services through Surrey Memorial Hospital | _____          | _____     |
| Child Development Centre                                  | _____          | _____     |
| Other   | _____          | _____     |

Are there any people in your life or community supports or resources that you have found helpful to your family?  
 Please list here.

\_\_\_\_\_  
 \_\_\_\_\_

- 5. As mentioned in the letter that came with this Questionnaire, we offer parent workshops throughout the year that are an important step in intervention for your child. We are also planning on scheduling 'topic' nights throughout the year which you also may find helpful. Please list below any topics you may wish to see us cover on these nights. (e.g., fluency, advocacy, social interaction/communication, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 6. If you feel there is any additional information to help us understand your child, please describe below:

Thank you for your assistance in completing this form.

I give permission to the BC Family Hearing Resource Society, Surrey Early Speech and Language Program, to provide services to my child and family.

\_\_\_\_\_  
 Parent/Guardian

\_\_\_\_\_  
 Date