



Surrey Early Speech and Language Program

PARENT SPEECH-LANGUAGE QUESTIONNAIRE

PLEASE FILL IN THIS FORM. THIS INFORMATION IS ENTIRELY CONFIDENTIAL.

The information requested on this form will assist this program in understanding your families concerns regarding your child's communication. If we can help filling out this form, please call us.

PERSONAL HISTORY

Child's Name:		
_____	_____	_____
(Last)	(First)	(Middle)
Date of Birth:		
____/____/____	Sex	M ____ F ____
year	month	day
Home Address:		
_____	_____	_____
Street	City	Postal Code
Home Phone Number: _____		
Email address: _____ How often is it checked? _____		
Primary Caregiver:		
Parent/Guardian Name (Mother ____ Father ____): _____		Cell No: _____
Parent/Guardian Name (Mother ____ Father ____): _____		Cell No: _____
Please indicate which applies:		
Natural: _____	Adopted: _____	
Foster Parent: _____	Legal Guardian: _____	
Name of Social Worker: _____ Office Ph. No: _____		
Name of Family Doctor: _____		
Address: _____		
Office Phone No: _____		

Our Program strives to respect diversity. If you think it will help us better serve you family, please provide the following *optional* information.

Please check if any of these apply to your family:

_____ Aboriginal _____ First Nations _____ Metis

Language(s) at home: _____

Cultural background: _____

Religion/Spiritual Considerations: _____

Hearing Ability

Has your child's hearing been tested in a sound proof booth? Y N

If yes:

Date(s): _____

Location: _____

Results: _____

GENERAL DEVELOPMENT

1. Pregnancy and Birth History.

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 _____

2. Medical History

- 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:

Address: #205-10330-152nd Street Surrey, BC V3R 4G8

VOICE: 604-498-1833 FAX: 604-498-0085

Website: www.seslp.org E-mail: info@seslp.org

6. SIBLINGS	
NAME	DATE OF BIRTH
1.	1.
2.	2.
3.	3.

OTHER

1. 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	_____	_____

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

3. 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 night (e.g. fluency, advocacy, social interaction/communication, etc.)

4. 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.

Signature of Parent/Guardian

Date

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