

Parent Questionnaire

Date:

Dear Parent:

RE:

Would you please take a minute and fill out the following questionnaire in regards to your child. Your input will be greatly appreciated and valued as we conduct our evaluation.

1. List your child's current means of communication and/or attempts to communicate or make needs known, i.e., signs (type and number), gestures, communication aide, symbol systems (type and number) or speech/vocalizations.
2. How successful are communicative attempts? Do you think he/she gets frustrated? Are there persons within the environment with whom he/she may communicate effectively? Please describe.
3. Does your child have a way of indicating Yes and No? If so, please describe.
4. Do you think your child understands more than he/she is able to express? Why?
5. Are there activities in your family life which you feel he/she cannot participate in or participate equally in due to speech involvement? Please describe.

6. How comfortable would you and your family be with your child using a communication device?

7. How is your child positioned during home and community time?

8. What would you consider the greatest obstacle for your child in terms of communication? Please describe.

Thank you for your time. Your input is very valuable to us. Please return this form to:

by

Sincerely,

Case Manager