



## **PARENT/CARER QUESTIONNAIRE** **School Aged Child**

We appreciate the time taken to complete this questionnaire, which allows us to gain vital information regarding your child's development. This information will be used to assist in determining the most effective and efficient path towards your child's therapy goals.

Please don't hesitate to contact our reception on 9602 3377 if you require any assistance in completing this questionnaire.

### **PERSONAL DETAILS**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Parents: \_\_\_\_\_

Siblings (name & age): \_\_\_\_\_

\_\_\_\_\_

### **REFERRAL DETAILS**

Who suggested your child requires therapy? \_\_\_\_\_

\_\_\_\_\_

Reason for referral? \_\_\_\_\_

\_\_\_\_\_

Your main concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BIRTH HISTORY

Was mother sick or on medication during pregnancy? \_\_\_\_\_

\_\_\_\_\_

Was your child born prematurely? \_\_\_\_\_

\_\_\_\_\_

What was your child's birth weight? \_\_\_\_\_

\_\_\_\_\_

Were there any difficulties during delivery? \_\_\_\_\_

\_\_\_\_\_

Did your child require special treatment in the first weeks of life? \_\_\_\_\_

\_\_\_\_\_

## MEDICAL HISTORY

Please indicate the services your child has previously or is currently seeing (such as doctors, therapists etc).

**Name**

**Profession**

**When**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have a current diagnosis? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child had any hospital admissions or significant health problems?

\_\_\_\_\_

\_\_\_\_\_

Is your child currently on medication? \_\_\_\_\_

Has your child's hearing been tested? (Results) \_\_\_\_\_

Has your child's vision been tested? (Results) \_\_\_\_\_

## EDUCATION

School name: \_\_\_\_\_

Class/Grade: \_\_\_\_\_

Teachers name: \_\_\_\_\_

Does your child have a teacher's aide to assist with any areas of school?

\_\_\_\_\_

Has your child repeated any grades?

\_\_\_\_\_

Has your child attended any special classes?

\_\_\_\_\_

## SPEECH & LANGUAGE DEVELOPMENT

How does your child's language development compare with his/her siblings or other children the same age?

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Please tick any areas that you feel your child is having difficulties with...

### Understanding language:

- Difficulty understanding more complex sentences or following instructions with several parts
- Difficulties with understanding a range of vocabulary words or retaining new words
- Doesn't understand a range of basic concepts such as:
  - Descriptive words: e.g. big/little, same/different, long/short/tall,
  - Location words: e.g. in/out, under/on, top/bottom, in front/behind,
  - Comparatives: e.g. bigger/biggest, smaller/smallest, faster/fastest
  - Quantity words: e.g. one, some, all, lots, many, more, most
- Doesn't understand a variety of questions including Who, What, Where or when
- Repeats back questions and echoes back what has been said without understanding
- Relies on visuals or gestural cues to understand instructions and explanations
- May appear 'lost' and often follow what other children are doing.
- Difficulty sitting and listening during story time, and remembering what the story was about

### Using language:

- Doesn't know the names of lots of objects, actions and people.
- Uses only simple, short sentences to communicate.
- Difficulties ordering words correctly in sentences
- Doesn't use conjunctives (e.g. and, because, then) or uses them inappropriately.
- Uses jargon (made up words) as well as real words.
- Difficulty retelling an event or explaining what happened.
- Doesn't provide listener with all the relevant information about a topic.
- Difficulties with finding the right word to say.
- Over reliance on familiar topics of conversation.
- Difficulty asking and answering questions.
- Doesn't always use appropriate grammar (e.g. he/she, him/his/her, is/are).

**Speech:**

- Difficulty saying any of the following sounds (please circle):  
p, b, m, n, t, d, h, w, y, k, g, f, s, z, l, sh, ch, j
- Difficulty being understood by familiar and unfamiliar people.
- Stuttering (e.g. repeats or gets stuck on sounds or words).
- Voice (e.g. often has hoarse or breathy voice).

**Literacy:**

- Has difficulty with letter/sound identification.
- Has difficulty with segmenting words into sounds.
- Has difficulties consistently identifying sight words.
- Has difficulties identifying rhyming words.
- Has difficulties clapping syllables in words.
- Has difficulties blending 2 or more sounds together.
- Has difficulties identifying the initial sounds in words.

**MOTOR DEVELOPMENT**

How does your child's fine and gross motor development compare with his/her siblings or other children the same age?

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Please tick any areas that you feel your child is having difficulties with...

**Fine Motor Skills:**

- Is unable to cut in a coordinated manner and with good accuracy
- Difficulty grasping a pencil in a mature manner
- Appears awkward when using tools such as scissors, glue and rulers
- Produces unrecognisable drawings of people and other simple objects
- Has poor control of the pencil and poor legibility when writing
- Writing is less legible than peers
- Writing is slow and tiresome
- Unable to form letters with correct formations
- Decreased awareness of long and tall letters and spacing
- Has writing that is too large or small
- Lacks a hand preference

**Gross Motor Skills:**

- Unable to maintain sitting posture during table top activities
- Difficulty with skills such as hopping, skipping and other sporting skills
- Poor body awareness and coordination
- Falls over frequently and appears clumsy
- Complains of pain in their joints or muscles

- Struggles to keep up with peers in physical activities
- Appears to have less strength when compared with peers
- Complains of tired or sore feet
- Fatigues quickly in physical activities

**Self Care Skills:**

- Difficulty manipulating lunch wrappers
- Has difficulty with coordinating cutlery together
- Is overly messy during mealtimes
- Requests help for dressing such as jumpers and shoes/socks
- Requires additional assistance to get ready in the mornings
- Is able to shower/bath independently
- Requires assistance or prompting with grooming tasks such as brushing teeth/hair
- Has difficulty with all aspects of toileting including bottom wiping
- Appears disorganised and requires additional assistance to manage self (more than peers)
- Has difficulty following a diary/schedule and does not produce homework etc
- Has difficulty with time management

## SENSORY PROCESSING

How does your child's sensory processing compare with his/her siblings or other children the same age?

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Please tick any areas that you feel your child is having difficulties with...

**Visual Processing:**

- Squints excessively in sunlight
- Has difficulty completing busy homework stencils
- Reverses letters (e.g. b and d)
- Loses track when reading out loud
- Takes longer to copy work or has excessive errors
- Dislikes being in the dark (i.e. prefers to sleep with light on)
- Prefers to be in dark spaces
- Has difficulty perceiving differences between shapes or colours

**Movement Processing:**

- Avoids play on swings or moving toys
- Gets car sick or motion sick

- Appears clumsy and less coordinated than other children
- Bumps into things or falls excessively
- Seeks activities that involve crashing and pushing
- Spins or twirls more than others
- Constantly 'on the go'
- Walks on toes
- Is unable to remain seated during quiet activities
- Is overly fidgety

### **Touch Processing:**

- Dislikes being touched by others
- Dislikes hugs or cuddles
- Does not tolerate having teeth brushed or nails cut or hair cut
- Avoids getting dirty or messy play
- Dislikes particular fabrics and avoids certain clothing
- Overly sensitive to temperatures
- Does not seem to notice extremes in temperatures
- Seeks out tactile play such as sandpits or finger painting
- Does not notice when he/she is dirty or has food around mouth

### **Sound Processing:**

- Responds negatively to loud or unexpected sounds
- Appears sensitive to certain sounds
- Does not appear to notice when his/her name is called
- Misinterprets what is said to him/her
- Becomes distracted when others are talking
- Can not focus with background noises
- Hums or sings when completing certain tasks
- Has difficulty controlling volume of his/her voice

### **Smell/Taste Processing:**

- Has a very limited diet
- Seeks out particular tastes (salty, bitter, spicy etc)
- Dislikes certain textured foods (i.e. wet foods, lumpy foods etc)
- Frequently smells foods prior to eating
- Eats non-food items
- Chews/sucks on clothing or other items
- Seems sensitive to certain smells

## **SOCIAL INTERACTION**

- Clings to an adult throughout social situations
- Takes longer to make friends
- Has difficulty maintaining friendships
- Uses limited eye contact or has difficulty looking at someone whilst talking

- Has difficulty with sharing, turn taking and cooperative play
- Tends to lose temper easily or frustrated easily by others
- Has difficulty understanding social situations if not specifically explained
- Has difficulty initiating appropriate conversation
- Does not interpret others body language well

THANK YOU FOR TAKING THE TIME TO COMPLETE THE  
QUESTIONNAIRE.

WE LOOK FORWARD TO SEEING YOU AT YOUR APPOINTMENT  
AT SOUTH WEST KIDS CLINIC.