Parent Questionnaire

Child's Legal Name_____   M__ F__

Last   First   Middle

Name you want your child to be called and to print _____   Birth date_____

Preschool your child attended _____

Please Specify

Is your child's speech hard for family members to understand?	YES	NO	
Is your child's speech hard for those outside of the family to understand?	YES	NO	
Do you think your child would have a problem following 2 step directions?	YES	NO	
Do you think your child has a problem using pronouns (I, me, he, she) correctly in speech?	YES	NO	
Does your child generally speak using one or two word responses instead of complete sentences?	YES	NO	
Does your child appear frustrated when his speech is not understood by others?	YES	NO	
Have you noticed any eye-hand coordination difficulties? (stacking blocks or cutting)	YES	NO	
Does your child appear extremely clumsy, often bumping into things or falling down?	YES	NO	
Do you have concerns regarding your child's gross motor development? (balancing, running, kicking)	YES	NO	
Has your child ever received any type of therapy services? (occupational, physical, speech, counseling)	YES	NO	
Does your child frequently have conflicts with playmates?	YES	NO	
Does your child have difficulty accepting limits?	YES	NO	
Does your child frequently resist rules or refuse to comply with requests?	YES	NO	
Does your child have frequent tantrums?	YES	NO	
Is your child easily distracted, have a short attention span or move from on task to another?	YES	NO	
Does your child become clingy or upset when he/she has to separate for either parent?	YES	NO	
Does your child avoid working with other children in a group?	YES	NO	
Does your child have self-help problems, such as toileting difficulties, feeding or dressing problems?	YES	NO	
Are there any other family stresses (divorce, illness, deaths, etc.) that has had an impact on your child?	YES	NO	
Do you have any other concerns about your child?			