## **PARENT QUESTIONNAIRE**

## Nancy With, M.A., CCC-SLP

#### **CONTACT INFORMATION**

Parent(s) names :
Address :
Email addresses :
Phone numbers :
Child's name :
Child's date of birth :

### **FAMILY HISTORY**

(Answer the questions that apply to your child)

- 1. Country or Countries where the child has resided?
- 2. How long have you resided in Norway and how long will you stay?
- 3. Where was your child born?
- 4. First language or languages learned by your child?
- 5. Languages used most often by your child?
  - a. At home?
  - b. At school?
- 6. Previous schools attended?
- 7. Are there other children in the family and how old?
- 8. Are there any other family members with speech and or language problems? If so, what type?

#### LANGUAGE AND LEARNING

- 1. Does your child appear to have difficulty communicating in his/her primary language(s)?
- 2. Does your child have difficulty learning in his/her primary language(s)?
- 3. Does your child have difficulty learning when instruction is provided in his/her second language?

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4. Is your child not learning as quickly as peers who have had similar language experiences and opportunities for learning?

### **MEDICAL HISTORY**

- 1. Is your child in good health?
- 2. Has your child ever had any serious illnesses or injuries?
- 3. Does your child have any other health problems that you are concerned about? (allergies, eating, sleeping etc.)
- 4. Were there any problems with pregnancy and or delivery?
- 5. Does your child seem to hear well?
- 6. Has your child's hearing been tested? What were the results?

## **DEVELOPMENTAL HISTORY**

- 1. Has your child shown normal developmental milestones?
- 2. How old was your child when he/she learned to crawl and walk?
- 3. How old was your child when he/she started to say words?
- 4. Please describe the concern(s) that you have about your child's speech and or language skills (listening/speaking/reading/writing).

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### **EDUCATIONAL HISTORY**

1.	What school is your child attending? What is the address?
2.	What grade is your child attending?
3.	Is your child receiving any additional support? (speech, reading, special instruction)
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OTHE	R IMPORTANT INFORMATION