



289 Gorge Road, #274
 Cliffside Park, NJ 07010
 347-559-1517
 www.havingoursay.org

Questionnaire

Today's Date _____

Thank you for taking the time to fill out this questionnaire regarding your child. This information will better help us determine your child's strengths and weaknesses prior to the evaluation. If you have any questions please call (347) 559-1517. Thank you.

Name: _____ DOB: _____

Child's Diagnosis: _____

Person completing this form: _____

School attending/PT/OT/ST: _____

If your child receives school services, please bring a copy of your child's IEP.

Daycare: _____

Any other special services received: _____

Siblings/Pets: _____

What are your child's strengths? _____

What are your child's interests? _____

Please indicate if your child has a history of any of the following?

Medical History	Yes	No	Please list current/regular Medications:		
Ear Infections					
Ear Tubes					
Needs hearing aids			Birth History	Yes	No
Hearing evaluation completed? When?			Was pregnancy full term?		
Serious illness or injury			Any medications taken during pregnancy?		
Frequent colds or sinus problems			Any complications with delivery?		
Need for eye glasses			Any special care required at birth (i.e. oxygen, intubation)		
Allergies			Comments:		
Upper respiratory infections			Comments:		
History of car sickness			Comments:		
Asthma					
Genetic disorder					

Please circle any concerns you have about your child's development:

- | | | |
|-------------------------------|------------------------------|-------------------------------------|
| Understanding directions | Overall Coordination | Social Skills/Interaction w/ others |
| Understanding what they say | Attention | Play Skills |
| Ability to express themselves | Independence with self-cares | Fine motor skills |
| Stuttering | Feeding/Picky eater | Oral Motor Skills |
| Not Talking | Sensory Issues | Behaviors |

Please circle any behaviors that your child may exhibit:

- | | | |
|-------------------------------|---------------------------|--------------------|
| Refusal to do difficult tasks | Hitting or throwing items | Shutdowns |
| Tantrums | Difficulty separating | Refusal to imitate |
| Short attention | | |

Other(s): _____

Anything else you would like to share about your child's communication, skills or development?

