Speech and language Background Information

1. Are you interested in Speech and Language Therapy support from St Andrew's Resource Centre?

Yes ☐

No ☐

2. What concerns do you have about your child's communication?

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3. Has your child received a diagnosis? If yes, what was the diagnosis, who diagnosed your child and when?

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4. Has your child received Speech and Language Therapy in the past?

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5. How does your child communicate? (tick all relevant)

Words ☐

Sentences ☐

Moving their body ☐

Hand gestures ☐

Eye contact ☐

Pulling you towards something ☐

Sounds ☐

Scripting/Echolalia (repeating phrased from something they have heard before) ☐

Songs ☐

ACC device ☐

Other _____

6. What are the main things that your child communicates about (eg asking for food, tv, toys etc.)

_____

7. What does your child enjoy doing?

_____

Name and Contact Details:
