School District No. 58 (Nicola-Similkameen)
Speech-Language Services
P.O. Box 4100, Merritt, B.C. V1K 1B8
Phone: (250) 378-2948 Fax: (250) 378-4498

Kindergarten Questionnaire/Consent for Parents

GENERAL INFORMATION

Identifying Information

Student's Name:_____ Gender: ☐ M ☐ F Age: _____

School:_____ Birth Date: __ __ __ __/__ __/__ __
(YYYY / MM / DD)

Teacher: _____

Parent(s)/Guardian(s) Information

Parent(s)/Legal Guardian(s) names: _____

If divorced or separated, who has legal custody? _____

Who is to receive copies of assessment/treatment reports? _____

How would you prefer to be contacted by the Speech and Language Office?

Phone number(s): _____ Time: ☐ AM ☐ PM

Email(s): _____

Sibling(s) Information

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Medical information

Does your child have any medical considerations (e.g., concussions (past or present), epilepsy, allergies, asthma, medications, Autism Spectrum Disorder, etc.)? ☐ Yes ☐ No

If yes, please specify: _____

Has your child's hearing been tested by an audiologist? ☐ Yes ☐ No

Where: _____ When: _____

Results: _____

Has your child's vision been tested? ☐ Yes ☐ No

Where: _____ When: _____

Results: _____

SPEECH AND LANGUAGE INFORMATION

What languages are spoken at home? _____

What languages does your child understand well? _____

What languages does your child speak well? _____

At what age did your child begin to talk using single words (e.g. "no," "more")? _____

At what age did your child use several words together (speak in short sentences)? _____

Can your child follow 2 or 3 simple directions given at once (e.g. "Put your blocks away, turn off the TV and get your coat")? ☐ Yes ☐ No

Does your child pronounce words clearly, similar to other children his or her age? ☐ Yes ☐ No

Additional information: _____

Do people outside of your family understand most of what your child says? ☐ Yes ☐ No

Additional information: _____

Does your child stutter, stammer, or struggle to get words out when talking (frequently repeat words or sounds like "I-I-I-I")? ☐ Yes ☐ No

Additional information: _____

Does your child like books? ☐ Yes ☐ No

Does someone read out loud to your child? ☐ Yes ☐ No

How often? ☐ Daily ☐ Weekly ☐ Rarely

Is your child beginning to identify letters or numbers? ☐ Yes ☐ No

What pre-kindergarten experiences has your child had?

Organization: _____ Start Age: _____ Length of Participation: _____

Organization: _____ Start Age: _____ Length of Participation: _____

Organization: _____ Start Age: _____ Length of Participation: _____

Do you have concerns about your child's speech and language? ☐ Yes ☐ No

Additional information: _____

Has your child ever received speech-language therapy? ☐ Yes ☐ No

Where: _____ When: _____

Is there a report you can share with the school? ☐ Yes ☐ No

If yes, please send a copy to your child's school to keep on file

Please share any additional information that you believe would help us to get to know your child:

_____

_____

_____

_____

Should you like to discuss any speech and/or language concerns, please do not hesitate to contact the District Speech-Language Pathologist at (250) 378-2948.

I give my consent for my child to have his/her speech, language, and hearing screened.

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Received by Speech-Language Pathologist: _____ Date: _____