



Questionnaire

Date of first meeting: _____

General information

name: _____

date of birth: _____

school/ _____

kindergarten: _____

mother/name: _____

father/name: _____

siblings: _____ birthday: _____

_____ birthday: _____

_____ birthday: _____

Contact
phone

landline: _____

mobile phone: _____

E-Mail

health

insurance

pediatrician

insurance number: _____

My child receives the following therapies: Please write down the names and addresses

speech therapy _____

occupational therapy _____

physical therapy _____

others _____

Anamnese

My child got the following diagnoses:

Has the hearing ability already been tested?

- Yes at _____
 No _____

Has the eyesight already been tested?

- Yes at _____
 No _____

Has the comprehension of language been already tested?

- Yes at _____
 No _____

Does your child have any motor restrictions (restrictions in mobility or coordination of movements)?

- Yes the following: _____

 No _____

Communication skills

To get an overview about the communication methods your child is using, please tick an appropriate box. You can also tick a box even if your child is using this method only sometimes or only with a few people of a group.

Form of communication	Group of people				
	family members	close friends	acquaintances	Professional helpers	strangers
spoken language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
luting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
show / touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eye movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mimic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
photos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
symbols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
entire body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
writing / signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
electronic aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
social difficult behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*acquaintances: p.e neighbors, class mates / children at the kindergarten, which don´t belong to the group of friends

**professional helpers: p.e.. educator, teacher, therapist, case worker

***sozial difficult behavior: p.e. hitting, kicking, screaming

Does your child have an electronical aid? If so, please write down the name and the producing company.

What forms of communication does your child use the most?

How would you rate the motivation to commuicate?

really motivated motivated little motivated not motivated I don´t know

How does your child express yes and now? How does it show agreement and disagreement?

Would you believe your child understands spoken language?

always often sometimes never I don´t know

What language do you speak at home?

What language does your child speak / understand?

What kind of methods do you use to simplify the understanding of spoken language? (p.e. slow speaking, showing, sign language, pictures)?

Preferences and wishes

What kind of topics, activities and games does your child prefer?

What are your expectations regarding the results of the therapy?