**PARENTAL QUESTIONNAIRE**

Please kindly fill this in for your child. The information will be used to explore what further assessment will be useful for your child. Thank you. If a question does not apply to your child, please answer N/A.

**Please send completed referral form & required information to** [**Paediatric.SCDAdmin@stgeorges.nhs.uk**](mailto:Paediatric.SCDAdmin@stgeorges.nhs.uk)**.**

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| --- |
| **Child’s Name:**    **Date of Birth:**    **NHS No (if known):**  **Language spoken at home:**  **Do you require an interpreter:** yes  no |

**Question 1. What do you think your child's strengths are?**

**Questions 2. Is there anything your child finds challenging?**

**Communication skills**

**Questions 3. Describe your child’s communication skills.** How does your child usually communicate their needs, feelings, or thoughts? Please give examples. Can you describe how your child understands and responds when people talk to them? Does your child repeat words or phrases or use set words or phrases? If so, please describe how often and in what situations.

**Question 4. Describe your child’s nonverbal communication**. How do they get your attention? Do they use eye contact? How easy is it to tell what they are feeling from their facial expression and body language? Do they use gesture?

**Social interaction skills**

**Questions 5. Describe your child’s interaction skills.** How does your child interact with other children or adults? How does your child play with others? Do they approach others, prefer to be alone, or sometimes watch others play? Do they join in group activities?

**Play, imagination, and interests**

**Questions 6. Describe your child’s play and interests**. What kinds of play activities does your child enjoy most? Please describe how they play. Does your child have any strong or specific interests or hobbies? Please tell us about them.

**Sensory preferences and differences**

**Questions 7. Describe your child’s sensory preferences and differences**. Are there any sounds, textures, sights, tastes, or smells that your child particularly likes or dislikes. What are they? Does your child seek out or enjoy certain sensory experiences? Please give examples.

**Attention and behaviour**

**Question 8. Describe your child’s attention and behaviour**. How does your child respond to instructions? Does this change depending on who gives the instruction? What is your child’s concentration like? Does it differ between tasks and activities? Does your child find it easy to switch between activities or routines? Are there any behaviours you are concerned about, such as repetitive movements, self-injury, or aggressive behaviours?

**Question 9. If applicable please list any agencies or professionals who are currently involved with your child (e.g., social worker, family support worker, speech and language therapist, educational psychologists etc)**

**Questions 10. Have there been/are there any significant family circumstances or events? Has there been/currently is social care involvement?**

**Question 11. We understand that brining your child to an assessment appointment can be challenging so we will try our best to make the process as easy and as calm as possible. Please let us know if there is that will help your child, for example, if they are very anxious.**

**Questions 12. Is there anything else you would like to share about your child?**