



PARENT/CARER QUESTIONNAIRE **0 – 18 months**

We appreciate the time taken to complete this questionnaire, which allows us to gain vital information regarding your child's development. This information will be used to assist in determining the most effective and efficient path towards your child's therapy goals.

Please don't hesitate to contact our reception on 9602 3377 if you require any assistance in completing this questionnaire.

PERSONAL DETAILS

Child's Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____ Mobile: _____

Email: _____

Parents: _____

Siblings (name & age): _____

REFERRAL DETAILS

Who suggested your child requires therapy? _____

Reason for referral? _____

Your main concerns? _____

BIRTH HISTORY

Was mother sick or on medication during pregnancy? _____

Was your child born prematurely? _____

What was your child's birth weight? _____

Were there any difficulties during delivery? _____

Did your child require special treatment in the first weeks of life? _____

MEDICAL HISTORY

Please indicate the services your child has previously or is currently seeing (such as doctors, therapists etc).

Name

Profession

When

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have a current diagnosis? _____

Family Doctor: _____

Address: _____ Phone: _____

Has your child had any hospital admissions or significant health problems?

Is your child currently on medication? _____

Has your child's hearing been tested? (Results) _____

Has your child's vision been tested? (Results) _____

EDUCATION

Does your child attend a child care facility? Yes No

(If no, please skip education section)

Child Care: _____

Room name: _____

Teachers name: _____

Does your child have a teachers aide to assist with any areas of school?

SPEECH & LANGUAGE DEVELOPMENT

How does your child's language development compare with his/her siblings or other children the same age?

Please tick any areas that you feel your child is having difficulties with...

By 6 MONTHS

- Beginning to copy other's sounds in babbling games
- Making vowel sounds (e.g. ahhh) and babbling including g, k, t, d, m, n
- Beginning to smack lips and blow raspberries
- Playing with their voice and pitch
- Extreme pitch changes like yells, squeals, and low growls
- Anticipates tickle games
- Smiling and gazing
- Responds to voices

6-8 MONTHS

- Repetitive and varied babbling e.g. mama, nunu, ba ma mu bi da.
- Uses consistent pitch changes meaningfully
- Responds to some words e.g. mummy, daddy, ball, no
- Looks at you when hears name
- Beginning to wave goodbye

9-12 MONTHS

- Exclamations appear such as "ooh!"
- Uses Non repetitive babbling (ba-dee-ga-da)
- May show toys on request e.g. ball.
- First word as early as 10-15 months
- Sentence-like pitch changes while babbling
- Using gestures with words e.g. shaking head and saying no, waving goodbye and saying bye
- Copies sounds
- Uses consistent sound patterns to mean certain things *Example: Child says "ba-wa" every time they want their blanket, not a real word but the child uses it consistently*

12-18 MONTHS

- First word as early as 10 - 15 months
- Pat phrases begin such as "uh-oh", "ta-da", "all gone", "no no"

- Pointing to show
- Jargon begins at 12-15 months and peaks at 18 months (when child tries to talk as fast as parents and it comes out as jibber-jabber, very expressive but not understandable)
- Understands more words than can say e.g. knows body parts – “Where’s your belly button?”
- Jargon begins at 12 -15 months and peaks at 18 months (when child tries to talk as fast as parents and it comes out as jibber-jabber, very expressive but not understandable)
- Uses 5 words or more
- Beginning to try to sing along to songs

By 18 MONTHS

- Jargon begins at 12-15 months and peaks at 18 months (when child tries to talk as fast as parents and it comes out as jibber-jabber, very expressive but not understandable)
- Can use 12 or more words clearly
- Beginning to link 2 words together e.g. all gone, me up, dada car.
- Using combination of words, tone and body language to express e.g. shouting “cookie” and reaching –to mean I want a cookie now!
- Begins to refer to self by name
- Forming questions by raising intonation e.g. “daddy go?”
- Copies animals noises
- Can follow very simple instructions

FEEDING

How does your child's fine and gross motor development compare with his/her siblings or other children the same age?

Please tick any areas that you feel your child is having difficulties with...

By 6 MONTHS

- True "sucking" develops
- Eats purees when sitting
- Brings hands to centre of body

6-8 MONTHS

- Vertical "munching" develops
- Eats soft chewables e.g. mango
- Starts to use "Sippy" cup for drinking
- Side tongue movement is limited, using tongue in forward motion (pushing food out of mouth)
- Eats with fingers (reach, grasp, and hands to mouth developed)
- Needs help with spoon

9-12 MONTHS

- Eats lumpy textures
- Independent "sippy" cup drinking
- Spoon and pincer grasp

12-18 MONTHS

- Eats all textures
- Side tongue action increased
- Straw drinking
- Scoops food to mouth
- Becomes more independent feeder

MOTOR DEVELOPMENT

How does your child's fine and gross motor development compare with his/her siblings or other children the same age?

Please tick any areas that you feel your child is having difficulties with...

Fine Motor Skills:

- Appears stiff in arms and hands
- Is unable to grasp objects in his/her hands
- Does not reach for objects or faces
- Does not use simple toys such as rattles
- Is not bringing toys/objects to his/her mouth
- Does not play with toys in a functional manner (12+ months)

Gross Motor Skills:

- Appears stiff in legs, hips or back
- Appears floppy in legs, hips or back
- Unable to hold up own head
- Does not roll
- Does not tolerate "tummy time"
- Not yet sitting independently
- Not yet crawling (9+ months)
- Not yet Walking (12+ months)

SENSORY PROCESSING

How does your child's sensory processing compare with his/her siblings or other children the same age?

Please tick any areas that you feel your child is having difficulties with...

- Tantrums more frequently than others his/her age
- Resists being cuddled or arches back when being held
- Distressed during nappy changes or bath time
- Has not formed a predictable sleep pattern
- Wakes repeatedly (after 30 mins on regular basis)
- Cries excessively throughout the day (more than ½ hour at a time)
- Distressed if moved positions or when swung in arms
- Does not respond to sounds or voices
- Distressed by sunlight or bright lights
- Distressed by certain textures (eg fluffy toys) or messy foods
- Avoids putting things in mouth
- Puts things in mouth excessively
- Demonstrates unusual behaviour that is not to gain your attention (head banging/tapping objects etc)

SOCIAL INTERACTION

- Clings to an adult throughout social situations
- Avoids new people or play with unfamiliar children
- Does not play reciprocally with others (such as peek-a-boo games)
- Is overly anxious when a parent leaves the room
- Does not smile at others
- Does not initiate play through smiles or gesture
- Does not show emotion when a familiar person enters the room