

Name of your child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Group: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Permission**

I hereby give permission for a speech and language examination to be carried out by the  
 Speech therapist and a consultation afterwards with the instructor  Yes  No

**Signature parent/care provider**

Name: \_\_\_\_\_

Available during the day at telephone number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Parent questionnaire**

- 1 Is your child currently seeing a Speech therapist or has he/she been to see one during the past half year  Yes  No
- 2 Do you have any concerns about the child's hearing?  Yes  No
- 3a Has your child ever been to see an Ear-Nose and Throat doctor?  Yes  No
- b If yes, please state when and why?  
 \_\_\_\_\_
- 4 Does your child often have a hoarse voice?  Yes  No
- 5 Do you feel that your child speaks well?  Yes  No
- 6 Is your child able to pronounce all the letters?  Yes  No
- 7 Is your child able to pronounce difficult words?  Yes  No
- 8 Does your child use his/her tongue in an unusual fashion,  
 (for example, is the tongue held between the teeth often)?  Yes  No
- 9a Does your child speak nasally (through the nose or as if he/she has a cold)?  Yes  No
- b If yes, do you hear your child speaking nasally even when he/she does not have a cold?  Yes  No

- 10a Does your child only speak Dutch at home?  Yes  No
- b If no, which language(s) does your child speak at home?
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- c Does your child speak the home language well?  Yes  No
- 11 Does your child like to talk?  Yes  No
- 12 Is your child able to tell a story well?  Yes  No
- 13 Are other people able to understand what your child says?  Yes  No
- 14 Is your child able to find the right words?  Yes  No
- 15 Does your child stammer?  Yes  No
- 16 Does your child often keep his/her mouth open?  Yes  No
- 17 Does your child sleep with his/her mouth open?  Yes  No
- 18 Does your child use a pacifier, bottle or his/her thumb?  Yes  No
- 19 Does your child have any respiratory problems?  Yes  No
- 20 Do you have concerns about his/her speech?  Yes  No

Do you any other comments or points of interest which we should consider?

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