



# CREATIVE SPEECH SOLUTIONS, LLC

*Pediatric Therapy Center*

## MONTCLAIR "GET READY FOR WORK" QUESTIONNAIRE

Date \_\_\_\_\_

Name of child \_\_\_\_\_ Nickname/Name child goes by \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of person completing form \_\_\_\_\_ Relationship: \_\_\_\_\_

Your comments will help us to best meet the therapeutic needs of your child. Please use information you know about your child as well as goals/objectives from his/her IEP (if applicable). The more specific you can be the better so that we can address the areas that are needed most.

Is your child currently working?                      Yes                      No

If yes, please indicate where and what his/her responsibilities include.

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If yes, also indicate if they are looking to change jobs or improve their skills in his/her current position, and provide details.

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What do you feel are the most important work skills for your child to learn during group (e.g., interview skills, resume/email writing, social etiquette)?

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Please describe any work-related experience your child has had (e.g., shadowing opportunities through school/part-time jobs), if applicable.

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Please indicate the type of work your child is interested in.

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Please describe your child's school/educational setting (past or present). If he/she has a shadow/aide at school, please indicate:

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Does your child receive therapy services (e.g., speech, occupational or physical therapy; tutoring/resource services)? If yes, please describe, including areas addressed (e.g., balance, coordination, expressive language, articulation, reading).

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Please indicate the level of your child's reading and writing skills.  
(Submit a writing sample if possible)

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Please describe your child's speech and expressive language abilities in detail (e.g., conversational, one word answers, 3 word phrases, hard to understand).

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Please describe your child's receptive language abilities in detail (e.g., can follow multi-step directions, has difficulty understanding linguistic concepts, gets easily distracted).

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Does your child have any gross-motor or fine-motor deficits that would influence their ability to perform particular tasks at work (e.g., typing, writing, lifting, bagging, stacking shelves, filing)? (Please explain)

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Please describe any language/social challenges at home/school/work/community.

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Please indicate your child's interests, strengths, and favorite activities.

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Is there anything else you feel we should know about your child?

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