



CREATIVE SPEECH SOLUTIONS, LLC

Pediatric Therapy Center

CAMP PAL CHILD QUESTIONNAIRE

(Updated 1/15/18)

Date _____

Name of child _____ Nickname/Name child goes by _____

Date of Birth _____ Age _____

Name of person completing form _____

Relationship to child _____

Class/school description _____

Diagnosis (if any) _____

Your comments will help us to best meet your child's therapeutic needs. Please use information you know about your child as well as goals/objectives from his/her IEP (if applicable).

EXPRESSIVE/SOCIAL SKILLS	YES	NO	COMMENT (Write additional info on back of page)
Does your child show understanding of others' feelings (i.e., recognize nonverbal language such as body language, facial expressions)?			
Does your child use appropriate eye contact?			
Does your child respect personal boundaries (e.g., maintain appropriate distance from others)?			
Does your child request what he/she wants in an appropriate manner?			
Does your child appropriately express his/her feelings verbally (e.g., "I am angry")?			
Does your child request help when needed in an appropriate manner?			
Does your child show that he/she likes someone in an appropriate way?			

Does your child inappropriately repeat what is said (i.e., echolalia)?			
Does your child engage in scripting (i.e., reciting lines from books, movies, commercials)			
	YES	NO	COMMENT (Write additional info on back of page)
Can your child sit in a small group and attend to an activity?			
Is your child able to maintain a conversational topic?			
Is your child's speech easy to understand?			
RECEPTIVE LANGUAGE			
Does your child listen/pay attention when others are speaking?			
Does your child accurately answer yes/no questions?			
Does your child accurately answer "who", "what", and "where" questions?			
Does your child accurately answer "when" and "why" questions?			
Does your child seem to understand directions and follow them? How many steps? ___1 ___2 ___3 or more			
INTERACTIVE PLAY			
Does your child show interest in playing with peers?			
Does your child ask other children to play or extend an invitation to others to join in his/her activity?			
Does your child share toys with peers?			
Does your child play games appropriately with peers?			
Does your child accept not being first at a game or activity and/or losing a game?			
Does your child wait his/her turn when playing a game with others?			

LITERACY			
Can your child identify upper case letter? Which ones?			
Can your child identify lower case letters? Which ones?			
Does your child read sight words? Which ones?			
If your child is reading, what grade level are they reading at?			
Does your child know letter/sound correspondence?			
EMOTION AND BEHAVIOR			
Does your child easily separate from his/her parent(s)/caregiver?			
Does your child seem comfortable in social situations such as parties?			
Does your child demonstrate impulsive behavior?			
Does your child have difficulty maintaining attention during structured tasks?			
Is your child able to calm him/herself when he/she is upset?			
	YES	NO	COMMENT (Write additional info on back of page)
Does your child use appropriate ways to express his/her anger or frustration?			
Does your child shut down or become upset when tasks are difficult?			
Does your child accept changes in routine?			
Does your child transition (e.g., change from one activity to another) easily when directed?			
Does your child's school or classroom utilize a point or reward system? If yes, please describe.			

Has your child had any incidents of physical aggression towards others and/or self-injurious behavior at school, home or community during the last 12 months? If yes, please describe.			
FINE/GROSS MOTOR			
Does your child demonstrate difficulty with self-help skills (i.e., feeding, dressing, toileting)?			
Can your child write their name? Do they use uppercase, lowercase, or both? *(Please attach a writing sample if your child is 4 years old or older and can write letters. Please attach a coloring sample if your child is 3 or can't form letters yet.)			
Does your child have a weak/immature grasp on a pencil/crayon/scissors? Is their grasp awkward?			
Does your child switch hands while using a pencil/crayon/scissors?			
Does your child bump into things or fall down more than other kids his/her age?			
Does your child have any physical limitations?			
SENSORY PROCESSING			
Does your child exhibit self-stimulatory behaviors (e.g., hand flapping, spinning, rocking, etc.)?			
Does your child have any specific sensory needs (e.g., does not like getting messy, does not like loud sounds or bright lights, craves hugs/tickles)?			
Does your child like swings?			
	YES	NO	COMMENT (Write additional info on back of page)
Is your child a "picky eater?"			
Is your child open to trying new foods?			

Please describe your child's school setting (e.g., mainstream classroom, integrated preschool, self-contained classroom, ABA program). If your child has a shadow/aide at school, please indicate: _____

Does your child receive therapy services in or out of school (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) _____

Please specifically describe your child's expressive language ability (e.g., conversational, one word answers, 3 word phrases, nonverbal, etc.) _____

Please describe any challenges at home/school/in the community: _____

Please indicate your child's interests and favorite activities: _____

What do you feel are the most important skills for this child to work on at Camp PAL?(please be as specific as possible) _____

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

Please provide a writing sample here (see Fine/Gross Motor section):



RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of my child and the recording of my child's voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. I further consent to the reproduction and/or authorization by Creative Speech Solutions, LLC to reproduce and use said photographs and recordings of my child's voice.

I hereby release Creative Speech Solutions, LLC, and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

If the child is under 18, I _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name: _____

Signature: _____

Date: _____