PSL Questionnaire

tykeTALK and Grey Bruce Preschool Speech and Language

Preschool Speech and Language Services are managed at TVCC.

Grey Bruce (GB) Preschool Speech and Language services are provided in Grey and Bruce counties by TVCC.

tykeTALK Preschool Speech and Language services are provided in Middlesex, Oxford, and Elgin counties by TVCC, Western University and Woodstock Hospital.

Date Submitted:_____

Child's Full Name:_____Date of Birth:_____

Completed by:_____Relationship to child:_____

Consent: Preschool speech and language services are managed at TVCC. Services are provided by TVCC, Western University or Woodstock Hospital depending on where you live. Do you provide TVCC with permission to start a record on your child and share information with the agency providing service when needed? Yes ◯ No ◯

Why would you like your child to be seen?

Has your child been seen by a Speech-Language Pathologist (SLP) previously? Yes ☐ No ☐

SLP Name:_____SLP Assessment Date:_____

Name of SLP Agency:_____

Do you have another child who is currently receiving services from a Speech-Language Pathologist?
Yes ☐ No ☐

Sibling's Name:_____Sibling's SLP:_____

Describe your child's personality (e.g., how they respond to change, new situations):

What does your child like to play with?

How long will your child play with a toy before they move on to something else?_____

Is there anything else you've noticed about how your child plays with toys or objects that you'd like to add?

Please describe your child's overall health:

Please indicate if your child:

- ☐ Makes sounds e.g., gaga, moo
- ☐ Points to or gestures for what they want
- ☐ Uses single words e.g., car, mine, no
- ☐ Makes short sentences e.g., That's my car.
- ☐ Responds to their name
- ☐ Understands questions e.g., Where is your teddy bear?
- ☐ Follows simple directions e.g., Point to your nose.
- ☐ Follows complex directions e.g., Get your coat and go to the door?

How many words does your child use?_____

What percentage of the time does your family understand what your child says?_____

What percentage of the time do others understand what your child says?_____

Does your child stutter?
Yes ☐ No ☐ Unsure ☐

How many months has your child been stuttering?_____

If you indicated your child stutters. Please describe:

Has your child had a hearing screening through the Infant Hearing Program?

Yes ☐ No ☐

What where the results?

Describe any concerns (if any) with your child's hearing now?

Is feeding/eating an area of concern? Yes ☐ No ☐

Do you have any concerns with safety around feeding?

Yes ☐ No ☐ Unsure ☐

Have you observed any coughing, choking, gagging, gulping on solids and/or liquids?

Yes ☐ No ☐

Do you have any concerns with weight gain or growth?

Yes ☐ No ☐

Do you have any other concerns about feeding?

Yes ☐ No ☐

Please describe your feeding concerns.

Note: If you have a feeding concern, please bring food with you to your first appointment.

Is there any additional information about your child or family that you'd like to share?

Submitting Referral

Please fax/mail any clinical reports you wish to share with us with your referral.

Print and fax the completed forms to 519.685.8705

Print and mail forms to:

TVCC
Attention: INTAKE
779 Base Line Road East
London ON N6C 5Y6

Child's Name: _____ Date of Birth: _____