PARENTS/CARER V OICE

**Parents/carer Name:**

**Date:**

**Child’s name**

**Information I would like to share about my Child**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No** | **Comments** |
| **General information** |  |  |  |
| What does your child enjoy doing? |  |  |  |
| Does your child attend any after school clubs/activities? |  |  |  |
| Does your child enjoy school? |  |  |  |
| Does your child make friends easily? |  |  |  |
| Does your child have good  self-esteem? (Do they feel good about themselves) |  |  |  |
| **Communication questions** |  |  |  |
| Does your child have any difficulties with attention and listening? |  |  |  |
| Does your child have difficulties understanding information and following instructions? |  |  |  |
| Does your child have difficulty forming sentences? E.g. words missed out or in the wrong order |  |  |  |
| Does your child have any difficulty learning and using new words?  E.g. may say “that thing” rather than name item |  |  |  |
| Does your child have any difficulty with speaking? E.g. difficulty pronouncing sounds, a stutter/stammer. |  |  |  |
| Do any of these things impact on your child’s communication in everyday life. E.g. talking at the shops, talking with friends |  |  |  |

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| **Learning** |  |  |  |
| Is your child making reasonable progress in maths and literacy? |  |  |  |
| What do you think helps your child learn? What helps at home? |  |  |  |
| **Health** |  |  |  |
| Are there or have there been any health issues? |  |  |  |
| Is there a history of permanent or fluctuating hearing loss E.g. glue ear? |  |  | When was their hearing last checked? |
| Do you have/have you had any concerns around your child’s general development? E.g, coordination, visual skills, eating/drinking, sleeping, self- help E.g. dressing skills |  |  |  |
| Is there a family history of speech and/or language difficulties |  |  |  |
| Which professionals are/have been supporting your child’s needs? |  |  | Has speech and language therapy ever been involved? |
| **Your Views and Hopes** |  |  |  |
| What are your child’s strengths? |  |  |  |
| What do they struggle with? |  |  |  |
| What do you think they need help with next? |  |  |  |