Communication Needs Screening Questionnaire

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Helpir	g us better understand your child's unique communication needs					
Child	l's Information:					
•	Child's Name:					
•	Age:					
•	Parent/Caregiver Name(s):					
•	Contact Information:					
•	Primary Concern(s) About Communication:					
Curr	ent Communication Abilities					
1. Hov	w does your child currently communicate? (Check all that apply)					
V Us	ses words and sentences					
V Us	ses gestures (pointing, waving, clapping)					
V Us	ses sounds but not clear words					
V Us	ses a communication device or picture system					
✓ Ha	as difficulty expressing wants and needs					
V Ot	her:					
2. Hov	w well do others understand your child?					
V Ve	ry well—most people understand them					
✓ Sc	metimes—familiar people understand, but others struggle					
V Ra	rely—only close family members understand					
V No	Not at all—child does not use words to communicate					

After selecting and paying for your 1:1 consultation, please return this completed form to: TeamNewDay@NewDay@NewDayChildCoaching.com

Expressive Language (Speaking & Expressing Needs)

3. Does your child...

- Struggle to find the right words or form sentences?
- ✓ Use fewer words than other children their age?
- Repeat words or phrases (echolalia)?
- Have difficulty telling stories or sharing experiences?
- Get frustrated when trying to communicate?
- Please describe any specific concerns about your child's ability to express themselves:

Receptive Language (Understanding Language)

- 4. Does your child...
- V Struggle to follow directions?
- Have difficulty answering questions?
- Seem confused by conversations?
- Need extra time to process what is said?
- ✓ Ignore spoken language or seem to "tune out"?
- Please describe any specific concerns about your child's ability to understand language:

Social Communication (Interacting With Others)

5. Does your child...

- ✓ Struggle with making or maintaining eye contact?
- Have difficulty with turn-taking in conversations?
- Struggle to engage in back-and-forth interactions?
- Prefer to play alone rather than with peers?
- Seem unsure how to start or maintain a conversation?
- Please describe any concerns about your child's social communication:

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Speech Clarity & Fluency

6. Does your child...

- ✓ Have trouble pronouncing certain sounds?
- Speak in a way that is difficult to understand?
- Stutter or repeat sounds, words, or phrases?
- Speak too fast, too slow, or with an unusual rhythm?
- Please describe any specific concerns about how your child speaks:

Feeding & Oral Motor Skills (if applicable)

- 7. Does your child...
- Struggle with chewing or swallowing?
- ✓ Drool excessively?
- Have difficulty drinking from a cup or using a straw?
- Avoid certain food textures or temperatures?
- Please describe any concerns related to feeding and oral motor skills:

Daily Life & Communication Impact

- 8. How do communication challenges impact your child's daily life? (Check all that apply)
- Making friends and interacting with peers
- Expressing wants and needs at home
- Participating in school or daycare activities
- V Following instructions from teachers/caregivers
- Managing frustration or behavior related to communication difficulties
- Describe the biggest struggles your child faces due to communication challenges:

Parent Goals & Next Steps

9.	What are	vour to	o three conc	erns regarding	your child'	s communication?
	, ,	,			,,	

- 1.
- 2.
- 3.

10. What goals would you like to focus on during our consultation?

- Expanding my child's vocabulary and sentence use
- Helping my child communicate wants and needs effectively
- Improving my child's ability to understand and follow directions
- Supporting my child's social communication and peer interactions
- Helping my child speak more clearly and fluently
- ▼ Other: _____

Thank You!

Team NewDay Child Coaching

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Your responses will help us create a personalized plan to support your child's communication needs. We look forward to working with you!