

Kindergarten Communication Questionnaire

Please note that this questionnaire will be reviewed by the educators and the Speech Language Pathologist assigned to your child's school. If you do not wish to provide this information, please do not complete the questionnaire.

If you do complete the questionnaire and the educator and/or SLP have concerns, are you in agreement with having the SLP call you to discuss the concerns? ☐ Yes ☐ No

Child's Name:	
Child's Date of Birth: (yyyy/mm/dd)	
School Name:	
Parent Name:	
Parent Phone Number:	
Languages Spoken in the Home:	

Do you have any concerns about your child's speech, language, or communication development?

☐ Yes ☐ No ☐ I'm not sure

Has your child ever received speech/language support?

(e.g., ErinoakKids, private speech and language services, etc.)

☐ Yes ☐ No

If yes, is there a report you will share with the school?

☐ Yes ☐ No

If you have any concerns, you may wish to contact ErinoakKids Preschool Speech and Language Services to access publicly funded Speech Language Pathology supports before starting school. ErinoakKids' deadline for self-referral is June 30th. They can be reached at 905-855-2690 or at erinoakkids.ca

Please complete this questionnaire based on your family's first and most prominent language.

- Does your child let you know what they need or want using words? ☐ Yes ☐ No
- Does your child share ideas with you using simple sentences most of the time?
(e.g., Mommy, look what Grandma brought us! I want more candy now!) ☐ Yes ☐ No
- Does your child understand daily conversations, stories, and familiar directions? ☐ Yes ☐ No
- Can your child tell stories or explain events that make sense to others? ☐ Yes ☐ No

5. Can your child ask a variety of questions? ☐ Yes ☐ No
6. Can your child answer a variety of questions? ☐ Yes ☐ No
7. Does your child participate in pretend play? ☐ Yes ☐ No
8. Does your child speak clearly so that people understand almost everything they say? ☐ Yes ☐ No
9. Does your child speak fluently, without struggling to get the words out? ☐ Yes ☐ No

Please share any additional information that would help us get to know your child.

SCHOOL USE ONLY

Reviewed by School SLP _____

Reviewed by Kindergarten Educator Team _____

SLP Follow-up:

- Called parent to discuss information
- Referred parent to community resources (e.g., Ontario EarlyOn Centre)
- Referred parent to ErinoakKids
- Suggested hearing evaluation
- Suggested medical follow-up
- Provided resources to parents
- Any other information: