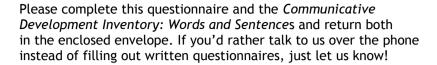
Parent Questionnaire





1. Child's name:
2. Child's birth date: Day Month Year 20
3. Child's gender: Male Female
4. Child's birth order: 1st 2nd 3rd 4th or more
5. Child's birth weight: grams (orlbsoz)
6. Was this child born a twin? No Yes
7. Was this child born prematurely? No Yes \$\times\$ If yes, by how many weeks?
8. Has this child ever had any major health problems? No Yes \$\text{this child ever had any major health problems?}\$ If yes, what are they?
9. Number of children in family, <i>including</i> this child:
10. In which country was this child born? ☐ New Zealand ☐ other; please indicate where: ⑤ If other, how long has this child lived in New Zealand?
11. Which region of New Zealand does your child live in? Auckland Bay of Plenty Canterbury Gisborne Hawke's Bay Manawatu-Wanganui Nelson Northland Otago Southland Taranaki Tasman Waikato Wellington West Coast

<u>Please continue on the next page.</u>

12.	Which ethnic group does this child belong to? Tick the one or ones who new Zealand European Māori Samoan Cook Island Maori Tongan Niuean Chinese Indian other such as Dutch, Japanese, Tokelauan; please state:		
13.	What is this child's main language?		
14.	Are any other languages spoken in the child's home? No Yes \$\text{tf yes, which ones?}		
15.	Is this child in day care or an early childhood education programme or regularly by anyone else? No Yes If yes, how many hours per week on average?	r cared fo	r
16.	Do you have any concerns about this child's ability to hear?	Yes	No
17.	Do you have any concerns about this child's language development?	Yes	No
18.	Do you have any concerns about this child's ability to communicate?	Yes	No
19.	If you answered "Yes" to any of the last 3 questions, say why you are	concerne	ed:
20.	Would you like us to get in touch with you to discuss your concerns?	Yes	No
	☐ Contact me on my home phone at:		
	☐ Contact me on my cell phone at:		
	□ Contact me by email post at:		
21.	Has anyone in the child's family had speech, language or learning pro example, the child's mother, father, brothers, sisters or grandparents No Yes \$\times\$ If yes, who were they?		ır

Please continue on the next page.

The next set of questions is about you.

22.	Your name:
23.	What is your relationship to the child named on page 1?
24.	In which country were you born? New Zealand Australia England China (People's Republic of) India South Africa Samoa Cook Islands other; please indicate which:
25.	If you live in New Zealand but were not born here, answer this question: When did you first arrive to live in New Zealand? Month (if known) Year
26.	Which ethnic group do you belong to? Tick the one or ones which apply to you. New Zealand European Māori Samoan Cook Island Maori Tongan Niuean Chinese Indian other such as Dutch, Japanese, Tokelauan; please state:
27.	What is your highest secondary school qualification? None NZ School Certificate in one or more subjects or National Certificate level 1 or NCEA level 1 NZ Sixth Form Certificate in one or more subjects or National Certificate level 2 or NZ UE before 1986 in one of more subjects or NCEA level 2 NZ Higher School Certificate or Higher Leaving Certificate or NZ University Bursary / Scholarship or National Certificate Level 3 or NCEA 3 or NZ Scholarship other secondary school qualification gained in NZ other secondary school qualification gained overseas

Please continue on the next page.

28.	Apart from secondary school qualifications, do you have another completed qualification? No Yes If yes, what is it?				
29.	What is your occupation?				
30.	Today's date is: Day Month Year 20				
31.	If you are from the Canterbury region and would like information about participating in the next part of this study, may we contact you? $\hfill\square$ No thank you.				
	☐ Yes, please call my home phone at:				
	☐ Yes, please call my cell phone at:				
	☐ Yes, please email me at:				
	$\hfill\square$ Yes, please send information to my postal address at:				

Thank you for your time and effort.

Please return this questionnaire and the *Communicative Development Inventory: Words and Sentences* in the enclosed envelope to:

The Child Language Centre
Department of Communication Disorders
University of Canterbury
Private Bag 4800
Christchurch 8140

If you'd rather talk to us over the phone instead of filling out written questionnaires, just let us know and we will be in touch!

We can be reached at:

Phone: 364 2987, ext 8317 or 8501

Email: ChildLanguageCentre@canterbury.ac.nz