The child rehabilitation services of Espoo

QUESTIONNAIRE TO PARENTS

This is the joint preliminary information form of the Children's rehabilitation services' speech and occupational therapists and children's psychologists that is given to all the families needing our services for filling it in. The purpose of the form is to gain information about the child's development history and what the everyday life and overall situation of the family is like. The parents' view of their child and his or her activities is an important part of a child's evaluation. All information given will only be accessed by health care professionals who are bound to professional confidentiality.

Child's name _____

Personal identity code _____

Basic information

Home address

_____

Parents' names, professions and a telephone number where they can be reached during the day

Mom:

_____

Father:

_____

Guardianship: □ joint custody □ sole custody, by whom? □ mother □ father

□ other □ (name and tel.) _____

Names and birth years of siblings

_____

Who belongs to the child's family?

_____

Native language/languages: □ Finnish □ Swedish □ other or several (please specify)

_____

Child health clinic and the name of the nurse

_____

Day care locations or school and dates when started

_____

_____

Name of nursery school teacher, nurse or teacher _____

Is a special nursery teacher/special teacher involved in your child's affairs? □ no □ yes

Name

_____

Supportive measures at day care/school

_____

Early years

Were there any abnormalities during the pregnancy? If yes, please specify.

_____

_____

Child's immediate health after birth:

_____

Birth weight and height: _____ Apgar points: _____

At what age did the child learn to crawl on all fours, when? _____ □ did not crawl

Child walked without being supported:

□ at less than 12 months □ at 12 months □ at 18 months □ later, when? _____

Suckling, swallowing and transition to solid food: □ no difficulties □ difficulties

Please specify what kinds of difficulties

_____

_____

Baby babbled □ a lot □ a little □ not at all

Said his or her first words:

□ at less than 12 months □ at 12 months □ at 18 months □ at 24 months □ later, when? _____

Spoke using sentences at:

□ 18 months □ 24 months □ 30 months □ later, when? _____

Handedness: □ right handed □ left handed □ uses both hands equally well

What was your child like as a baby (e.g. easy to manage, difficult to calm down)?

_____

_____

Are there any difficulties in development or interaction abilities in your immediate family?

(e.g. delayed speech development, stuttering, learning, perception or concentration difficulties)

□ no □ yes, please specify what kinds of difficulties

_____

_____

_____

Have there been any changes or crises in your immediate family that may affect your child?

□ no □ yes, please specify

_____

_____

Previous examinations

Hearing examination □ no □ yes (where, when) _____

Any abnormalities detected, what kind?

_____

Has your child often had ear infections? □ no □ yes

If yes, at what age and how often?_____

Eyesight examination □ no □ yes (where, when) _____

Any abnormalities detected, what kind?

_____

Physical therapist □ no □ yes (where, when) _____

Speech therapist □ no □ yes (where, when) _____

Occupational therapist □ no □ yes (where, when) _____

Psychologist □ no □ yes (where, when) _____

Family counselling □ no □ yes (where, when) _____

Specialised health care □ no □ yes (where, when) _____

Current situation

Reasons why you were directed to our services:

_____

_____

_____

_____

How concerned are you regarding the issues which brought you to our services?

Not at all concerned 1 2 3 4 5 6 7 8 9 10 Extremely concerned

What are your child's strengths? What is he or she interested in (e.g. favourite games to play)?

_____

_____

_____

_____

Do you have any concerns over your child's:

Daily activities (getting dressed, morning and evening routines, eating, sleeping) □ no □ yes

(please specify)_____

Learning abilities or learning □ no □ yes

(please specify) _____

Motoric development □ no □ yes

(please specify) _____

Manual skills □ no □ yes

(please specify) _____

Ability to concentrate □ no □ yes

(please specify) _____

Speech development □ no □ yes

(please specify) _____

Ability to express positive and negative emotions (such as anger, coping with disappointment, accepting rules at home, being excited) □ no □ yes

(please specify) _____

Peer relations □ no □ yes

(please specify) _____

Any other issue □ no □ yes

(please specify) _____

Challenging situations with the child

How often do you face challenging situations with the child (for example tantrums, defying of limits)?

☐ Never ☐ Occasionally ☐ Weekly ☐ Daily ☐ Several times a day

How do you act in these challenging situations? (For example, I speak calmly, I raise my voice, I give the child a timeout)

_____

_____

How would you like to change your own actions when your child is behaving in a challenging manner? (For example, I would like to not yell, I would like to not pull his/her hair, I would like to not make threats)

_____

_____

_____

_____

Family resources

The following questions are aimed at charting the resources of your entire family and also your family's possible need of support, so that your family can receive the services you may need as early as possible.

How does your family spend its free time (e.g. hobbies, shared activities)?

_____

_____

How would you rate your family's resources at the moment on a scale of 0-5?

inadequate 0 1 2 3 4 5 adequate

Does your family have a support network to help with daily life? □ yes □ no

Are you particularly concerned about a family member's or close relative's

Coping skills or mental problems?	□ no	□ yes
Intoxicant abuse	□ no	□ yes
Mental or physical abuse	□ no	□ yes

What kind of help and support are you hoping to get from our services?

_____

_____

Anything else you would like to add?

_____

_____

The information you have given will be recorded in the City of Espoo patient information system. All information is confidential and will be disclosed only for statutory reasons or with your permission. Child health clinics, health stations and children's therapy services use a common information system and will be able to access your child's information. At children's therapy services, you will be able to access your child's file description and all information regarding your inspection and appeal rights.

_____

Date Parents'/guardians' signatures

THANK YOU FOR YOUR ANSWERS!