



START Program: PRT Parent Coaching Group Questionnaire

Today's Date:	
Child's Name:	DOB (d/m/y): ___/___/___ Age:
Caregiver(s):	
Phone Number and Address:	

1. Do you currently have an FSCD contract?
2. Please list the current services your child is receiving:
3. Is one parent available to participate in all group sessions and one daytime home visit with the child?
4. What languages are spoken in the home? At school? At daycare?
5. If a language other than English is spoken in the home, describe how you use it with your child (e.g., child only hears others speak it, read stories, talk to the child all the time).
6. Does your child say any words? Do you consider your child to be verbal or non- verbal? **If non-verbal, do not answer questions 8-10.**



7. How does your child currently let you know what he/she needs or wants?

<input type="checkbox"/> Words	<input type="checkbox"/> AAC	<input type="checkbox"/> Pulls by the hand
<input type="checkbox"/> Grabs items	<input type="checkbox"/> Does not need to ask	<input type="checkbox"/> Cries
<input type="checkbox"/> Problem Behaviour	<input type="checkbox"/> Gestures	<input type="checkbox"/> Brings items
<input type="checkbox"/> Other :		

**** Only complete questions 8-10 if child is verbal**

8. How does your child use their words?

<input type="checkbox"/> Makes comments	<input type="checkbox"/> Asks for items/activities	<input type="checkbox"/> Protest
<input type="checkbox"/> Greetings	<input type="checkbox"/> Asks questions	<input type="checkbox"/> Answers questions
<input type="checkbox"/> Makes choices	<input type="checkbox"/> Copies/imitates	<input type="checkbox"/> Scripts
<input type="checkbox"/> Conversation	<input type="checkbox"/> Other	

9. Please list three of the longest utterances your child has said in the past week?

a.
b.
c.

10. How many words does your child use consistently/ on a regular basis?

<input type="checkbox"/> 1-5	<input type="checkbox"/> 5-10	<input type="checkbox"/> 10-20
<input type="checkbox"/> 20+	<input type="checkbox"/> Word Combinations	

11. The PRT group parent education program will require videos to be recorded and submitted for weekly review. Will this be a concern for you?

Once completed, please email this questionnaire to Renai Sveinson

RSveinson@centreforautism.ab.ca

