

Kesyonè Paran pou Evalyasyon Lapawòl-Lang

Parent Questionnaire for Speech-Language Evaluations (Haitian Creole)

Mèsi paske'w pran tan'w pou ou ranpli fòm sa a. An mwayèn, fòm nan pran 8 minit pou ranpli. (Thank you for taking the time to fill this out. On average this form takes 8 minutes to complete.)

Non elèv la:

(Student Name)

Fòm nan ranpli pa:

(Form Completed by)

Dat fòm nan ranpli:

(Date Form Completed)

Ki sa ou wè kòm yon kado pitit ou a genyen oubyen pi gwo fòs li?

(What do you see as your child's gifts or greatest strengths?)

Ki aktivite pitit ou renmen fè?

(What activities does your child enjoy?)

Ki aktivite fanmi ou renmen fè ansanm?

(What activities does your family like to do together?)

Avèk kimoun pitit ou a abite?

(Who does your child live with?)



Non (Name)	Relasyon (Relation)	Laj (Age)

Èske pitit ou a pase anpil tan nan yon dezyèm kay? (kay yon gadò, kay granparan)

(Does your child spend a significant amount of time in a second household? (babysitter, grandparents?))

Wi (YES) _____ Non (NO) _____

Si wi, ki kote pitit ou pase tan sa a? (If YES, where does the child spend this time?)

Kay lòt paran (Other parent's house)

Kay granparan (Grandparents house)

Kay gadò timoun nan (Babysitter's house)

Lòt: (Other) _____:

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Ki moun kap viv la? (Who lives there?)

Non (Name)	Relasyon (Relation)

Èske pitit ou a pale yon lòt lang ki pa Anglè?

(Does your child speak a language other than English?)

Wi (YES) _____ Non (NO) _____

Ki lang prensipal ki pali nan kay la? (tcheke tout sa ki aplike)

(What is the primary language spoken in the home?)

Anglè (English) Panyòl (Spanish) Chinwa (Mandarin) Vyetnamiyen (Vietnamese)

Lòt (Other): _____

Pale: Kòm yon estimasyon, ki pousantaj nan tan an timoun nan pale Anglè?

(Speaking: What percentage of the time does the child **speak English**?)*

Apres lekòl (After School)	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Aswè/Lwa (Evenings/Nights)	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Wikenn (Weekends)	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

Tande: Kòm yon estimasyon, ki pousantaj nan tan an timoun nan tande Anglè?

(Listening: What percentage of the time does the child **hear English**?)*

Apres lekòl (After School)	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Aswè/Lwa (Evenings/Nights)	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Wikenn (Weekends)	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

*Pousantaj lòt lang yo kalkile baze sou angle rapòte (70% anglès = 30% espagnol).

(Other language percentages calculated based on English reported (e.g., 70% English = 30% Spanish))

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Eske gen anyen ki chanje nan lavi pitit ou a pandan 3 dènye ane yo? (egzanp: lanmò nan fanmi a, divòs, nouvo frè oswa sè, deplasman)

(Have there been any significant changes in your child's life over the past three years?)

Wi (YES) _____ Non (NO) _____

Si wi, tanpri eksplike (If yes, please explain):

Istwa medikal (Medical History)

Èske te gen okenn konplikasyon lè ou te ansent? (Were there any complications during pregnancy?)

Wi (YES) _____ Non (NO) _____

Si wi, tanpri eksplike (If yes, please explain):

Èske pitit ou a te gen okenn maladi grav, aksidan, oswa entènè lopital (sa vle di: gwo lafyèv, blesi nan tèt, operasyon)? (Has your child had any serious illnesses, accidents, or hospitalizations?)

Wi (YES) _____ Non (NO) _____

Si wi, tanpri eksplike (If yes, please explain):

Èske pitit ou a te janm resevwa terapi oswa entèvansyon pou timoun piti? (Has your child ever had therapy or early childhood intervention?)

Terapi lapawòl (Speech therapy)

Ninguno (None)

Terapi okipasyonèl (Occupational therapy)

Terapi fizik (Physical therapy)

Entèvansyon bonè pou timoun (Early Childhood Intervention)

Lòt(Other): _____

Terapi manje (Feeding Therapy)

Si yo te resevwa sèvis, tanpri di nou plis. (If they received services, tell us more):

Èske pitit ou a gen nenpòt dyagnostik medikal? Si wi, tanpri presize. (Does your child have any medical diagnoses?)

Wi (YES) _____ Non (NO) _____

Si wi, tanpri eksplike (If yes, please explain):

Èske pitit ou a te gen enfeksyon nan zòrèy li? (Has your child had ear infections?) Wi (YES) _____ Non (NO) _____

Si wi, konbyen enfeksyon nan zòrèy? (If yes, approximately how many ear infections?) _____

Ak ki laj li te gen enfeksyon nan zòrèy li a? (and at what age(s)?) _____

Èske yo te mete tib pou egalize presyon ('tib PE') nan zòrèy li? (Were Pressure Equalization tubes ("PE tubes") placed in the ears?)

Wi (YES) _____ Non (NO) _____ Si wi, Dat tib PE at: (If yes, date of PE tubes): _____

Èske pitit ou a ap pran nenpòt medikaman kounye a? (Is your child currently taking any medications?)

Wi (YES) _____ Non (NO) _____ Si se wi, ekri non an ak rezon pou chak medikaman yo. (If YES, list the name and reason for each medication):

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Èske ou gen nenpòt enkyetid konsènan kapasite fizik pitit ou a, tankou kouri, mache, desine oswa jan li itilize sizò? (Do you have any concerns about your child's physical abilities, such as running, walking, drawing, or using scissors?)

Wi (YES) _____ Non (NO) _____

Si wi, tanpri eksplike (If yes, please explain):

ENKYETID AKADEMIK

(ACADEMIC CONCERNS)

Èske ou gen nenpòt enkyetid konsènan pèfòmans akademik pitit ou a?

(Do you have any concerns about your child's academic performance?)

Wi (YES) _____ Non (NO) _____

Si wi, tanpri eksplike (If yes, please explain):

ENTÈLIJANS AK KONPÒTMAN ADAPTASYON (swen pwòp tèt)

(INTELLIGENCE AND ADAPTIVE BEHAVIOR (SELF-CARE))

Ki jan ou tap evalye pitit ou a nan domèn sa yo? (How would you rate your child in the following areas?)

	Anba laj lòt timoun (Below other children the same age)	Menm jan ak laj lòt timoun (Similar to other children the same age)	N/A
Sonje bagay ou mande yo fè (Remembering things you ask them to do)			
Montre òganizasyon nan akonplisman travay li yo (Exhibiting organization in accomplishing tasks)			
Konsantrel pande yon aktivite (Focusing during activities)			
Abiye poukont li (Getting dressed independently)			
Pran swen atik pèsònèl yo (Taking care of personal items).			

Èske gen lòt bagay ou vle ajoute? (Is there anything else you want to add?) Wi (YES) _____ Non (NO) _____

Si wi, tanpri eksplike (If yes, please explain):

KOMINIKASYON (COMMUNICATION)

Èske ou gen enkyetid konsènan fason pitit ou a kominike? (Do you have concerns about the way your child communicates?)

Wi (YES) _____ Non (NO) _____

Si wi, chwazi enkyetid ki apwopriye yo. Pitit mwen an: (If yes, select appropriate concerns. My child:)

- difisil pou konprann lè lap pale (Is difficult to understand when he speaks)
- pa mete mo ansanm kòmsadwa tankou lòt moun menm laj li (Does not put words together appropriately like others the same age)
- gen difikilte pou li konprann lòt moun (Has difficulty understanding others)
- repete son, mo, oswa fraz (bege) (Repeats sounds, words, or phrases (stutters))
- Lòt: Tanpri eksplike nenpòt lòt enkyetid konsènan fason pitit ou a kominike lakay ou (Other: Please explain any other concerns about how your child communicates at home)

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Èske pitit ou a konprann sa lòt moun di pi fò nan tan an? (Does your child understand what other people say most of the time?)

Wi (YES) _____ Non (NO) _____

Ki kantite nan pawòl pitit ou a moun nan fanmi an konprann? (How much of the child's speech is understood by **family members**?)

- 100% - Tout (Everything)
- 75% - Pifò (Most)
- 50% - Kèk (Some)
- 25% - Piti anpil (Very Little)
- 0% - Okenn (None)

Ki kantite nan pawòl pitit ou a etranje oubyen moun ki pa abitye ak pitit ou a konprann? (How much of your child's speech is understood by **strangers or unfamiliar people**?)

- 100% - Tout (Everything)
- 75% - Pifò (Most)
- 50% - Kèk (Some)
- 25% - Piti anpil (Very Little)
- 0% - Okenn (None)

Èske pitit ou a bege, kole sou mo, repete mo, oswa rekòmanse fraz? (Does your child stutter, get stuck on words, repeat words, or restart sentences?)

Wi (YES) _____ Non (NO) _____ Si wi, konbyen fwa sa rive? (If yes, how often does this occur?)

Èske gen yon moun nan fanmi an ki te gen difikilte pou li kominike lè li te jenn? (Did anyone in your family have difficulty communicating when they were young)

Wi (YES) _____ Non (NO) _____ Si wi, kiyès? (If yes, who?)

Dekri konpòtman pitit ou lakay ou: (tcheke tout sa ki aplikab) (Describe your child's behavior at home: check all that apply):

- Fasil (Easy going)
- Aktif (Active)
- Byen konpòte (Well Behaved)
- Fache fasil (Easily Upset)
- Lòt (Other): _____

Kijan pitit ou a fonksyone avèk lòt timoun? (tcheke tout sa ki aplike) (How does your child interact with other children? Check all that apply):

- Jwe ansanm ak lòt timoun (Plays together with other children)
- Gade lòt timoun jwe (Watches other children play)
- Evite jwe ak lòt timoun (Avoids playing with other children)
- Dirije lòt timoun nan jwèt (Leads other children in play)
- Lòt (Other): _____

Tanpri pataje nenpòt lòt bagay ou ta renmen ajoute. Mès!

Please share anything else that you would like to add. Thank you!

Enjoy these forms but we want to give you an update:

Our parent, teacher, and nurse forms have been digitized to be sent at the click of a button. And it gets better, the parent forms can be automatically translated into 16 languages.

Watch this 1 minute video.



www.evalubox.com/speech-referral-form/