

言语评估家长问卷

Parent Questionnaire for Speech-Language Evaluations (Mandarin)

感谢您抽出时间填写此表格。完成该表格平均需要 8 分钟。(Thank you for taking the time to fill this out. On average this form takes 8 minutes to complete.)

学生姓名:
(Student Name)

填表人:
(Form Completed by)

填表日期:
(Date Form Completed)



您认为您的孩子有哪些天赋或优势?
(What do you see as your child's gifts or greatest strengths?)

您的孩子喜欢什么活动?
(What activities does your child enjoy?)

您与家人喜欢一起做什么活动?
(What activities does your family like to do together?)

您的孩子和谁一起生活?
(Who does your child live with?)

姓名 (Name)	关系 (Relation)	年龄 (Age)

您的孩子长时间由父母以外的长辈照看吗? 如保姆、祖父母。
您的孩子长时间在其他住所居住吗? (如保姆家、祖父母/外祖父母家)
(Does your child spend a significant amount of time in a second household? (babysitter, grandparents?))

是 (YES) _____ 否 (NO) ____

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如果是, 您的孩子在什么地点由他人照看? (If YES, where does the child spend this time?)

☐ 另一方家长的家 (Other parent's house)

☐ 祖父母/外祖父母家 (Grandparents house)

☐ 保姆家 (Babysitter's house)

☐ 其他:(Other)_____:

其他住所的成员 (Who lives there?)

姓名 (Name)	关系 (Relation)

您的孩子会说英语以外的语言吗?

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

是 (YES) _____ 否 (NO) ____

家里主要说的语言是什么?

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

☐ 英语 (English) ☐ 西班牙语 (Spanish) ☐ 普通话 (Mandarin) ☐ 越南语 (Vietnamese)

☐ 其他 (Other): _____

口语: 孩子说英语的时间占多少比例?

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

课后/校外 (After School)	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
晚上 (Evenings/Nights)	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
周末 (Weekends)	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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听:孩子听英语的时间占多少比例?

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

课后/校外 (After School)	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
晚上 (Evenings/Nights)	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
周末 (Weekends)	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

*根据英语报告计算的其他语言百分比 (70%英语 = 30% 西班牙语). (Other language percentages calculated based on English reported (e.g., 70% English = 30% Spanish))

过去三年里, 你的孩子的生活中有过重大变化吗? 例如: 家人去世、离婚、有新的兄弟姐妹、搬家)
(Have there been any significant changes in your child's life over the past three years?)

是 (YES) _____ 否 (NO) ____

如果是, 请解释 (If yes, please explain):

医疗史 (Medical History)

有在妊娠期间出现任何并发症吗? (Were there any complications during pregnancy?)

是 (YES) _____ 否 (NO) ____

如果是, 请解释 (If yes, please explain):

您的孩子是曾否患有严重疾病、发生意外事故或住院治疗 (如高热、头部受伤、手术)? (Has your child had any serious illnesses, accidents, or hospitalizations?)

是 (YES) _____ 否 (NO) ____

如果是, 请解释 (If yes, please explain):

您的孩子是否曾接受过治疗或早期干预? (Has your child ever had therapy or early childhood intervention?)

☐ 言语治疗 (Speech therapy)

☐ 无 (None)

☐ 职业治疗 (Occupational therapy)

☐ 物理治疗 (Physical therapy)

☐ 儿童早期干预 (Early Childhood Intervention)

☐ 其他 (Other): _____

☐ 进食治疗 (Feeding Therapy)

若您的孩子曾接受过服务或治疗, 请提过更多信息。 (If they received services, tell us more):

您的孩子有任何医学诊断吗? 如果有, 请具体说明。 (Does your child have any medical diagnoses?) 是 (YES)____ 否 (NO)____

如果是, 请解释 (If yes, please explain.)

您的孩子是否曾经耳部感染? (Has your child had ear infections?) 是 (YES) _____ 否 (NO) ____

如果是, 大约有多少耳部感染? (If yes, approximately how many ear infections?) _____ 他们在几岁

时耳部感染? (and at what age(s)?) _____

是否有置入耳管 (压力平衡管)? (Were Pressure Equalization tubes ("PE tubes") placed in the ears?)

是 (YES) _____ 否 (NO) ____ 如果是, 置入耳管手术的日期: (If yes, date of PE tubes): _____

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您的孩子目前是否正在服用任何药物？ (Is your child currently taking any medications?)

是 (YES) _____ 否 (NO) ____ 如果是，请列出每种药物的名称和服用原因 (If YES, list the name and reason for each medication):

您是否担心孩子体能发育，例如跑步、走路、画画或使用剪刀？ (Do you have any concerns about your child's physical abilities, such as running, walking, drawing, or using scissors?)

是 (YES) _____ 否 (NO) ____

如果是，请解释 (If yes, please explain):

学习上的顾虑

(ACADEMIC CONCERNS)

您担心孩子的学习成绩吗？

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

是 (YES) _____ 否 (NO) ____

如果是，请解释 (If yes, please explain):

智商和适应性行为 (自理能力) (CUIDADO PERSONAL)

(INTELLIGENCE AND ADAPTIVE BEHAVIOR (SELF-CARE))

您如何评价您孩子在以下方面的表现？选择合适的选项。 (How would you rate your child in the following areas?)

	低于同龄儿童 (Below other children the same age)	与同龄儿童相仿 (Similar to other children the same age)	不适用 (N/A)
记住你要求他们做的事情 (Remembering things you ask them to do)			
在完成任务时有条理性 (Exhibiting organization in accomplishing tasks)			
在活动中集中注意力 (Focusing during activities)			
独立穿衣 (Getting dressed independently)			
爱护个人物品 (Taking care of personal items).			

您还有什么要补充的吗？ (Is there anything else you want to add?) 是 (YES) ____ 否 (NO) _____

如果是，请解释 (If yes, please explain):

交流 (COMMUNICATION)

您对孩子的交流方式有顾虑吗？ (Do you have concerns about the way your child communicates?)

是 (YES) _____ 否 (NO) _____

如果是，选择存在顾虑。我的孩子: (勾选所有适用项) (If yes, select appropriate concerns. My child:)

☐ 说话时难以理解 (Is difficult to understand when he speaks)

☐ 不会像同龄人一样恰当地把单词连成词组或句子 (Does not put words together appropriately like others the same age)

☐ 难以理解他人 (Has difficulty understanding others)

☐ 重复语音、单词或短语 (口吃) (Repeats sounds, words, or phrases (stutters))

☐ 其他: 请解释您对孩子在家交流方式的其他担忧 (Other: Please explain any other concerns about how your child communicates at home):

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大多数时候，您的孩子能听懂别人说的话吗？ (Does your child understand what other people say most of the time?)

是 (YES) _____ 否 (NO) ____

家人能听懂您孩子说的多少话？ (How much of the child's speech is understood by **family members**?)

☐ 100% - 全部 (Everything)

☐ 75% - 大多数 (Most)

☐ 50% - 一些 (Some)

☐ 25% -很少 (Very Little)

☐ 0% - 无 (None)

陌生人或不熟悉的人能听懂您孩子说的多少话？ (How much of your child's speech is understood by **strangers or unfamiliar people**?)

☐ 100% - 全部 (Everything)

☐ 75% - 大多数 (Most)

☐ 50% - 一些 (Some)

☐ 25% -很少 (Very Little)

☐ 0% - 无 (None)

您的孩子是否出现口吃、卡壳、重复单词或重启句子的情况？

(Does your child stutter, get stuck on words, repeat words, or restart sentences?)

是 (YES) _____ 否 (NO) ____ 如果是，这种情况发生的频率是什么？ (If yes, how often does this occur?)

您的家人中是否有人在年幼时有沟通障碍？ (Did anyone in your family have difficulty communicating when they were young)

是 (YES) _____ 否 (NO) ____ 如果是，谁？ (If yes, who?)

描述您孩子在家中的行为：（勾选所有适用项） (Describe your child's behavior at home):

☐ 随和 (Easy going)

☐ 活跃 (Active)

☐ 守规矩 (Well Behaved)

☐ 容易烦躁 (Easily Upset)

☐ 其他 (Other): _____

您的孩子如何与其他孩子互动？（勾选所有适用的选项） (How does your child interact with other children?)

☐ 和其他孩子一起玩 (Plays together with other children)

☐ 看其他孩子玩 (Watches other children play)

☐ 避免与其他孩子玩 (Avoids playing with other children)

☐ 带领其他孩子玩 (Leads other children in play)

☐ 其他 (Other): _____

您是否有任何顾虑或其他想要分享的信息？谢谢！

Do you have any other concerns or any additional information you would like to share? 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/