Outpatient Speech Therapy Questionnaire
For Children with Emotional-Behavioral Disorders

- What behavioral issues does your child have at home and/or school?
  - Does your child have a history of any of the following:
    - Hurting others
    - Damaging property
    - Hurting his/herself
    - Making threats to others
    - Running away
    - Inappropriate touching or making sexualized comments
    - Talking about hurting him/herself
    - Talking about hurting others
    - Other concerning behaviors

- Do you follow a specific plan or use specific strategies to address your child's behavior?

- Is your child currently taking any medications?

- Does your child currently receive any other therapies or mental/behavioral health services?

- Triggers--What typically makes your child frustrated or upset?

- What are signs that your child is becoming frustrated/upset? (yelling, withdrawing, giving up, fidgeting, hitting, etc.)

- Coping Skills--What types of activities help your child calm down?

- What activities does your child enjoy? What motivates your child?

- Does your child have a history of trauma (e.g., abuse, neglect, traumatic events, foster care, loss of a loved one, witness to violence, exposure to drugs, etc.)?

- Is there any other information you feel we should know or that would be helpful in your child's treatment?