



Innovative Therapy Services

Pediatric Speech-Language Services

1090 Homestead Rd.
Santa Clara, CA 95050
Phone/(408) 241-2229
Fax/(408) 241-3156

New Client Questionnaire

List up to three areas of need for your child that you would like to target in therapy. Please list in order of importance.

How do you typically handle your child's mistakes?

How do you motivate your child to do something that he/she dislikes to do?

What is your parenting style? Are you: (a) permissive, (b) rule-oriented and structured, (c) democratic, or a combination? Describe a scenario that is reflective of your style.

Person completing form: _____

Child's name: _____ Relationship to the child: _____

Signed: _____ Date: _____