



**Strategies
for Success**

Speech & Language Therapy

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Parent Questionnaire

Identifying Information

Child's Name _____

Date of Birth _____

Sex _____

Address _____

City _____

Zip _____

Telephone _____

Cell phone _____

Email address _____

Can we contact you by email? Yes No

1st Parent/Guardian Name _____

Occupation _____

Address _____

2nd Parent/Guardian Name _____

Occupation _____

Address (if different from above) _____