

Little People's Dental--Getting To Know Your Child

Child's Name _____ Date _____

Your child's interests and favorites _____

Communication: What do you think your child would say?

Speaking:

- _____ I talk a lot and sometimes it is hard for me to stop.
- _____ I am good at talking and carrying on conversation.
- _____ I don't talk much. Conversation is hard, but I like to be part of the conversation.
- _____ I don't talk much. It would be better if you just talk to _____
- _____ I talk using pictures and gestures.
- _____ I talk using a little computer (voice out-put device).
- _____ Other _____

Listening: What do you think your child would say?

- _____ I am a good listener. I can understand what is being said.
- _____ I may not look like I am listening, but I hear and understand what you are saying.
- _____ I try to listen and do not always understand what you are saying, but please talk to me.
- _____ Listening is hard. I would be better if you talk to _____
- _____ Other _____

Sensory: What do you think your child would say?

- _____ I do not have any sensory issues.
- _____ I have some sensory issues, but I will be fine during the appointment.
- _____ I have sensory issues that may make the appointment hard for me, such as:
 - _____ What I hear/Auditory _____ What I smell/Olfactory
 - _____ Touch/being touched/Tactile _____ Taste or Feeling/Mouth/Oral
 - _____ What I See/Visual _____ Other _____

Time and Timing: What do you think your child would say?

- _____ I can wait for my appointment in the waiting room.
- _____ It would be best if I could wait in a clinic room.
- _____ It would be best if the appointment moves quickly.
- _____ I do not do well when I feel rushed.
- _____ I will need little breaks during the exam.
- _____ Other _____

Helpful Hints: What do you think could be helpful?

1. _____
2. _____

Please do not _____