Parent Questionnaire: Listening & Attention Skills (Age 5-6)

Please complete this form to help us understand your child's listening and attention needs. Your responses will support us in planning the best strategies for your child's development.

Child's Name: _____

Date of Birth: _____

Date Completed: _____

Completed by (Name & Relationship): _____

Please tick the box that best describes your child's typical behaviour:

1. **How often does your child respond when their name is called?**
   ☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

2. **Can your child follow simple instructions (e.g., "Put your shoes on")?**
   ☐ Easily ☐ With reminders ☐ Needs help ☐ Struggles ☐ Avoids or ignores

3. **Does your child stay focused during short activities (e.g., story time, puzzles)?**
   ☐ Yes, consistently ☐ Sometimes ☐ Rarely ☐ Not at all

4. **How does your child react when there are distractions (e.g., noise, movement)?**
   ☐ Stays focused ☐ Slightly distracted ☐ Very distracted ☐ Stops the activity

5. **Does your child ask for help or clarification when they don't understand something?**
   ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

6. **How well does your child understand spoken language (e.g., stories, questions)?**
   ☐ Very well ☐ Fairly well ☐ Needs repetition ☐ Often confused

7. **How clearly does your child express their thoughts or needs?**

☐ Very clearly ☐ Sometimes clearly ☐ Often unclear ☐ Rarely communicates

8. **Does your child interrupt or talk over others during conversations?**
   ☐ Rarely ☐ Occasionally ☐ Frequently ☐ Constantly

9. **How does your child behave in group settings (e.g., school, playdates)?**
   ☐ Engages well ☐ Needs support ☐ Withdraws ☐ Disruptive or restless

Please answer the following question in your own words:

What strategies have you found helpful in supporting your child's listening and attention?

Thank you for taking the time to complete this questionnaire. Your insights are valuable in helping us support your child's learning journey.