

# Paediatric Speech and Language Therapy Experience Questionnaire

This questionnaire will be used to assist you and your potential employer to determine which Speech and Language therapy settings would be best suited to your skills and experience. It will also help us identify areas for future training and development.

## Contact Details

Name:

Country:

Email Address:

Number of years' experience of working with people with Physical and Mental Health problems:

## Q1

### TREATMENT SETTINGS EXPERIENCE IN SPEECH AND LANGUAGE THERAPY

Please indicate whether you have ever worked in the Speech and language therapy settings below by inserting **Y** or **N** in the appropriate column. If yes, please state approximately how many years' experience you have had. Please use the comments column to tell us any additional information

Treatment Setting	Yes/ No	If Yes, Approximate Numbers of Years	Comments
Acute Paediatric			
Community Early Years (including nurseries, children's centres and homes)			
Mainstream School Services			
Special School Services			
Child Development Centre			

<b>Child and Adolescent Mental Health Service</b>			
<b>Specialist Service e.g. Cleft lip and palate, TBI, Feeding clinic etc...</b>			

## Q2

### PHYSICAL AND MENTAL HEALTH ILLNESS EXPERIENCE

Please indicate whether you have experience in caring for people with the physical and mental health problems below by replying **Y** or **N** in the appropriate column. If yes, please state approximately how many years' experience you have had. Please use the comments column to tell us any additional information

<b>Physical and Mental Health Illness ? Area of practice</b>	<b>Yes/No</b>	<b>If yes, approximate numbers of years</b>	<b>Comments</b>
<b>Paediatric Dysphagia</b>			
<b>Paediatric Voice</b>			
<b>Paediatric Complex Needs (including neurodevelopmental and physical/medical)</b>			
<b>Paediatric cleft lip and palate</b>			

## Q3

### ASSESSMENT EXPERIENCE

Please tell us if you ever used any questionnaires or other tools in your Speech and Language Therapy practice to assess the following below by replying **Y** or **N** in the appropriate column. If yes, please state which tools/questionnaires you have used. Please use the comments column to tell us any additional information

<b>Assessment tools</b>	<b>Yes / No</b>	<b>If yes, please insert which tools you have used</b>	<b>Comments</b>
<b>Standardised assessment tools e.g. CELF, ACE</b>			
<b>Recent Phonetic Transcription experience</b>			

#### **Q4**

### **PHYSICAL AND MENTAL HEALTH INTERVENTIONS EXPPERIENCE/Training**

Please list below:

e.g. PECS, Post Graduation Qualification in Paediatric Dysphagia, Makaton signing, Parent-Child Interaction, Intensive Interaction.

<b>Interventions</b>	<b>Yes / No</b>	<b>If yes, approximate numbers of years</b>	<b>Comments</b>

#### **Q5**

### **AGE-SPECIFIC EXPERIENCE**

Please indicate your experience with working in the following age ranges by replying **Y** or **N** in the appropriate column. If yes, please state approximately how many years' experience you have had. Please use the comments column to tell us any additional information

<b>Age Experience</b>	<b>Yes / No</b>	<b>If yes, approximate numbers of years</b>	<b>Comments</b>
<b>Preschool age 0-5 years</b>			
<b>School age (ages 5-12 years)</b>			
<b>Adolescents (ages 12-18 years)</b>			
<b>Adults (ages 18-65 years)</b>			
<b>Older adult (ages 65 +)</b>			

**Q6**

**ANY OTHER INFORMATION**

Please share any other information which may be relevant to working with people with physical and mental health problems

**THANK YOU**