LEAP Survey

In order to assist us with home/school communication as well as choose therapy targets, please complete the following short survey.

Parent name(s): ________________________________

1. The **best way to communicate** with our family during the day and on Fridays is (please include which parent to contact first):
   - _____ by email  best email is ________________________________
   - _____ home phone
   - _____ cell phone  best phone is______________________________

2. Is it okay to **text** you?  ______ Yes  ________ No - I prefer a phone call

3. I prefer to receive **weekly newsletters**. (check one)
   - _____ via email - email address(es): ________________________________
   - _____ in paper form in my child's backpack

4. **About my child.**
   - What are some of your child's favorite things to play with?
   - What are your child's favorite books?
   - What does your child like to eat?  Any allergies / dislikes?
   - Who lives in your home?
   - Are there any other special people / pets your child may talk about?
   - What do you call your child?  (nicknames)

5. **For students with speech delays:** During therapy in addition to working on improving your child's intelligibility through targeting specific speech sounds / word shapes, it's important for us to work on words that are important to your child, even if they seem to be very difficult for your child to say at this time. Please help us with this by sharing some words that are important to your child. (May include favorite foods, family members' names, pets' names, favorite places, toys, favorite characters, functional words/ phrases).
   - Some words / phrases I'd like my child to work on include (feel free to use back of page if needed):

______________________________________________________
______________________________________________________