

## Parent Checklist

### Performance Assessment of Contributions and Effectiveness of Speech-Language Pathologists (PACE)

Speech-language pathologist being reviewed: \_

Parent completing the survey: \_

*Please use the table below to describe how the speech-language pathologist interacts with you and your child. Please add comments as appropriate.*

SLP's Actions	Yes	No	Comments
Asks me for information about my child to be included in the IEP and other reports	<input type="checkbox"/>	<input type="checkbox"/>	
Clearly explains the results of my child's speech and language assessment in an understandable way	<input type="checkbox"/>	<input type="checkbox"/>	
Provides services that help my child make progress on IEP goals	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to e-mails and other communication promptly and satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>	
Gives me suggestions for helping my child to communicate better	<input type="checkbox"/>	<input type="checkbox"/>	
Reports on my child's progress toward meeting speech/language IEP goals	<input type="checkbox"/>	<input type="checkbox"/>	
Provides reports in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	

Would you like to receive additional information to help you understand your child's speech and language skills?

Yes

No

Please add any additional comments that you feel are helpful.