

## **Supplemental Material S1. Parent pre- and postintervention surveys.**

### Pre-Test Parent Questionnaire

Child ID \_\_\_\_\_ Date: \_\_\_\_\_

Has your child been diagnosed with any of the following?

- ☐ Speech and/or Language Impairment
- ☐ Behavioral Disorder
- ☐ Autism Spectrum Disorder
- ☐ Genetic/chromosome abnormality (specify) \_\_\_\_\_
- ☐ Any other medical condition or syndrome; Please specify: \_\_\_\_\_

### Communication:

What are your top 3 concerns about your child's speech or language development?

- 1.
- 2.
- 3.

### Behavior

What are your top 3 concerns about your child's behavior?

- 1.
- 2.
- 3.

Does your child attend preschool? ☐ Yes ☐ No

Please indicate any of the following concerns that you or others who spend time with the child (i.e., teacher, daycare) may have:

- ☐ Has difficulty transitioning between activities ☐ Has a high activity level
- ☐ Is easily upset ☐ Has difficulty calming down when upset
- ☐ Is easily distracted ☐ Is irritable or cranky