Supplemental material, Loeb et al., "Collaboration Between Child Play Therapy and Speech-Language Pathology: Case Reports of a Novel Language and Behavior Intervention," *AJSLP*, <u>https://doi.org/10.1044/2021\_AJSLP-20-00310</u>

## 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.

<u>Behavior</u>

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

- 1.
- 2.

3.

Does your child attend preschool?  $\Box$  Yes  $\Box$  No

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

 $\Box$  Has difficulty transitioning between activities  $\Box$  Has a high activity level

 $\Box$  Is easily upset  $\Box$  Has difficulty calming down when upset

 $\Box$  Is easily distracted  $\Box$  Is irritable or cranky