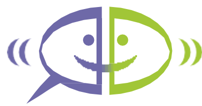

Instructions:

Please provide as much information as you can recall for each of the categories below and bring the completed form with you to your appointment.

Name: ____ Date of birth: ____________ Age: __________________

Parent/responsible party: ____

Address with zip code: ____

Caretaker's home phone: _______________________ Cell/work phone: ____________________________________

Caretaker's home phone: _______________________ Cell/work phone: ____________________________________

Person completing form: ____

Languages spoken at home: ____

Description of Present Concern/Difficulty:

Please describe the present speech/language/academic concern/difficulty:

How long ago was this concern/difficulty first noticed? By whom?

What do you feel is the origin of the concern/difficulty?

Has the concern/difficulty become worse over time, or has it seemed to improve?

Are there any conditions that make the concern/difficulty seem more or less severe?

What strategies have been used to work on the concern/difficulty at home?

Please describe the child/adolescent's attitude toward the concern/difficulty. What are the attitudes of others?

How does the child/adolescent understand and use verbal language at home (e.g., following directions, communicating with others)?

What percentage of your child's speech do you understand? About _____%

What percentage of your child's speech do you think those familiar with your child understand (e.g., teachers, relatives)? About _____%

How much of your child's speech do you think unfamiliar adults understand? About _____%

Evaluation History

Has the child/adolescent had any previous assessments? ☐ Yes ☐ No

If yes, please provide as much information as you can remember.

What kind of evaluation?

What were the results?

Which tests were given? ______________________________

Has the child/adolescent ever received therapy services? ☐ Yes ☐ No

If yes, please provide ______________________________

- What kind ______________________________
- Where ______________________________
- How long ago ______________________________

School History

Please provide information where applicable:

	School Attended	Special Difficulties
Preschool:		
Kindergarten:		
Elementary:		
Middle/Jr. high:		
High school:		

What grade or academic level is the child/adolescent presently in? Where?

Have any grades been repeated? Please explain.

Does/did the child/adolescent like school? What are their best subjects? Worst?

Has the child/adolescent received any special services? Please describe.

School History
Please provide information where applicable:

	School Attended	Special Difficulties
Preschool:		
Kindergarten:		
Elementary:		
Middle/Jr. high:		
High school:		

What grade or academic level is the child/adolescent presently in? Where?

Have any grades been repeated? Please explain.

Does/did the child/adolescent like school? What are their best subjects? Worst?

Has the child/adolescent received any special services? Please describe.

Please describe the child/adolescent's skills in each of the following areas, if applicable:

- Paying attention: ______
- Staying "on task": ______
- Completing assignments: ______
- Working independently: ______
- Following directions: ______
- Listening comprehension (understanding what's heard): ______
- Taking notes: ______
- Verbal explanations, descriptions: ______
- Paraphrasing/putting ideas in their own words: ______
- Summarizing information verbally: ______
- Reading comprehension: ______
- Written language (e.g., papers, essays): ______
- Study skills: ______
- General organization: ______
- Test-taking: ______
- Handwriting: ______
- Other areas: ______

Birth History
Did the mother receive any medications during her pregnancy?

Were there any medical complications prior to or during birth?

Was the child full-term?

Was the birth weight high, within normal limits or low?

Describe any atypical behaviors, congenital concerns or medical concerns present at birth:

Speech-Language Development
Please indicate the ages at which the following were noticed:
Babbling: ______________________________
First single words: ______________________________
Two-word sentences: ______________________________
Three-to-four-word sentences: ______________________________
Speaking in sentences: ______________________________

Did the child/adolescent have any articulation/speech or sound production errors which did not seem appropriate for his/her age?

Has the child/adolescent received any previous speech/language evaluations or therapy? If yes, where and when?

Are there any current concerns/difficulties with communication skills such as vocabulary, sentence structure, speech production, stuttering, voice characteristics, etc.?

Has the child/adolescent had a hearing test? If yes, when? What were the results?

Please list all languages spoken at home, daycare, and/or school, and approximately what percentage of the time each language is spoken.

Does anyone in the family have difficulty with learning, hearing, speech or motor skills?
☐Yes ☐No If yes, please describe difficulties/problems below:

Medical History
Give ages at which the child/adolescent had any significant illnesses or diseases (e.g., mumps, measles, meningitis, rubella, etc.).

Describe any accidents or injuries the child/adolescent has had, if hospitalized, how severe and age at the time of occurrence.

Did or does the child/adolescent have middle ear infections? When? How severe?

Does the child/adolescent have allergy problems?

Does the child/adolescent have a history of seizures, convulsions or loss of consciousness?

Are there any other medical conditions or concerns?

Please list any medications the child/adolescent is taking and dosage:

Motor Development

Please describe the child/adolescent motor skills, as listed:

- Fine motor (e.g., writing, drawing, etc.):

- Gross motor (e.g., running, kicking, walking, etc.):

Describe the child/adolescents' development of early motor skills, such as standing, walking, feeding self, etc., as average, advanced or delayed.

Is the child/adolescent right or left-handed? ____

Family Information

When is your child most talkative?

When is your child most quiet?

How sensitive is your child to distractions or small changes?
Not sensitive at all Medium sensitivity High sensitivity

How intense are your child's reactions to events (positive or negative)?
Low Medium High

Does your child become frustrated with obstacles or limitations placed on their activities?
Easily Variable With difficulty

Is there anything your child's therapist should know about your family's background, religion, faith, or dietary restrictions? If so, please explain.

My child's favorite…

Activities:

Books:

Movies/TV Shows:

Songs:

Toys:

Please list all persons with whom the child/adolescent lives, including ages of siblings:

If the child/adolescent does not live with both natural parents, please describe the living situation:

Caretaker's name:____

Occupation: ____ Age: ________

Caretaker's name: ____

Occupation: ____ Age: ________

Does the child/adolescent get along with peers, family members, etc.?

Is behavior and/or discipline a concern/difficulty? At home? At school?