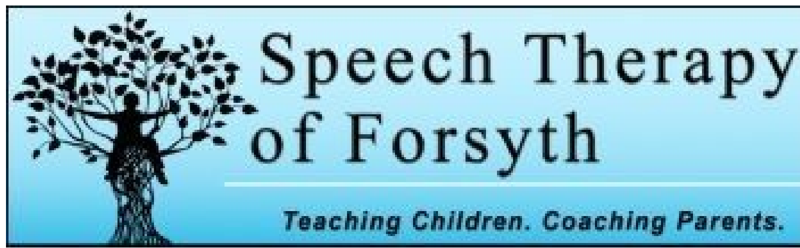

Identifying and Family Information:

Child's Name:__________________________________ Birthdate: ________ Sex: ☐ M ☐ F

Father's Name:__________________________________ Daytime Phone: ______________

Address: ____________________________________ Cell Phone: ______________

____________________________________ E-mail: ______________________

____

Doctor's Name: ____________________________ Doctor's Phone: ______________

Child lives with (check one):

☐ Birth Parents ☐ Foster Parents ☐ One Parent

☐ Adoptive Parents ☐ Parent and Step-Parent ☐ Other ______________

Other children in the family:

Name Age Sex Grade Speech/Hearing Problems

____

____

____

____

____

Child's race/ethnic group:

☐ Caucasian, Non-Hispanic ☐ Hispanic ☐ African-American

☐ Native American ☐ Asian or Pacific Islander ☐ Other ______________

Is there a language other than English spoken in the home? ☐ Yes ☐ No

If yes, which one? ____________________________________

Does the child speak the language? ☐ Yes ☐ No

Does the child understand the language? ☐ Yes ☐ No

Who speaks the language? ____

Which language does the child prefer to speak at home? __________________________

Speech-Language-Hearing

Do you feel your child has a speech problem? ☐ Yes ☐ No

If yes, please describe. ______________________________

____

____

Do you feel your child has a hearing problem? ☐ Yes ☐ No

If yes, please describe. ______________________________

____

____

Has he/she ever had a speech evaluation/screening? ☐ Yes ☐ No

If yes, where and when? ______________________________

What were you told? ______________________________

____

Has he/she ever had a hearing evaluation/screening? ☐ Yes ☐ No

If yes, where and when? ______________________________

What were you told? ______________________________

____

Has he/she ever had speech therapy? ☐ Yes ☐ No

If yes, where and when? ______________________________

What was he/she working on? ______________________________

____

Has your child received any other evaluation or therapy (physical therapy, counseling, occupational therapy, vision, etc.)?

☐ Yes ☐ No

If yes, please describe. ______________________________

____

____

Is your child aware of, or frustrated by any speech/language difficulties? ______________________________

____

What do you see as your child's most difficult problem in the home? ______________________________

____

What do you see as your child's most difficult problem in school? ______________________________

____

Birth History

Was there anything unusual about the pregnancy or birth? ☐ Yes ☐ No

If yes, please describe ______________________________

____

____

How old was the mother when the child was born? __________

Was the mother sick during the pregnancy? ☐ Yes ☐ No

If yes, please describe ______________________________

____

How many months was the pregnancy? ______

Did the child go home with his/her mother from the hospital? ☐ Yes ☐ No

If child stayed at the hospital, please describe why and how long. ______________________________

____

Medical History

Has your child had any of the following?

☐ adenoidectomy ☐ encephalitis ☐ seizures

☐ allergies ☐ flu ☐ sinusitis

☐ breathing difficulties ☐ head injury ☐ sleeping difficulties

☐ chicken pox ☐ high fevers ☐ thumb/finger sucking habit

☐ colds ☐ measles ☐ tonsillectomy

☐ ear infections ☐ meningitis ☐ tonsillitis

How often? ______ ☐ mumps ☐ vision problems

☐ ear tubes ☐ scarlet fever

Other serious injury/surgery: ______________________________

Is your child currently (or recently) under a physicians care? ☐ Yes ☐ No

If yes, why? ______________________________

____

Please list any medications your child takes regularly: ______________________________

____

____

Developmental History

Please tell the approximate age your child achieved the following developmental milestones:

_________ sat alone
_________ babbled
_________ put two words together
_________ walked
_________ grasped crayon/pencil
_________ said first words
_________ spoke in short sentences
_________ toilet trained

Does your child…

☐ choke on food or liquids?

☐ currently put toys/objects in his/her mouth?

☐ brush his/her teeth and/or allow brushing?

Current Speech-Language-Hearing

Does your child…

☐ repeat sounds, words or phrases over and over?

☐ understand what you are saying?

☐ retrieve/point to common objects upon request (ball, cup, shoe)?

☐ follow simple directions ("Shut the door" or "Get your shoes")?

☐ respond correctly to yes/no questions?

☐ respond correctly to who/what/where/when/why questions?

Your child currently communicates using…

☐ body language.

☐ sounds (vowels, grunting).

☐ words (shoe, doggy, up).

☐ 2 to 4 word sentences.

☐ sentences longer than 4 words.

☐ other ____________________________________

Behavioral Characteristics:

☐ cooperative

☐ attentive

☐ willing to try new activities

☐ plays alone for reasonable length of time

☐ separation difficulties

☐ easily frustrated/impulsive

☐ stubborn

☐ restless

☐ poor eye contact

☐ easily distracted/short attention

☐ destructive/aggressive

☐ withdrawn

☐ inappropriate behavior

☐ self-abusive behavior

School History

If your child is in school, please answer the following:

Name of school and grade in school: ______________________________

____

Teacher's name: ______________________________ ______________

Has your child repeated a grade? ______________________________

What are your child's strengths and best subjects? ______________________________

____

Is your child having difficulty with any subjects? ______________________________

____

Additional Comments

____
____
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