

Capital Speech and Language Therapy Center

Telephone: 240-623-0325 • Email: csltc2018@gmail.com • Servicing the Maryland area

Client Information

Child's Name: _____ DOB: _____ Age: _____ Gender: _____

Name of Person Completing the form: _____ Relationship to child: _____

Social Security Number: _____

Guardian's name: _____ Phone number: _____

Address: _____

Email: _____ Preferred method of contact Email Phone

What is your child's primary language: _____

In regard to speech/language skills, what are your primary concerns?

When did you first notice these concerns: _____

Developmental History

Please list the age (in months) that your child did the following and answer questions below:

Roll _____ Sit _____ Belly crawl _____ Crawl on hands/knees _____ Walk _____

Run _____ Skip _____ Say first word _____ Finger feeding _____ Use spoon _____

Drink from cup _____ Dress independently _____ Use the toilet independently _____

Use single words (e.g., no, mom, doggie, etc.): _____

Combine words (e.g., me go, daddy shoe, etc.): _____

Use simple questions (e.g., Where's doggie? etc.): _____

Medical History

May we have permission to contact this provider to help coordinate therapeutic efforts? Yes No

Physicians Name: _____ Diagnosis: _____

Does your child see any other medical specialists?

Physician: _____ Specialty: _____

Physician: _____ Specialty: _____

Does your child receive any other therapies? (i.e. physical therapy, occupational therapy, counseling)

Is your child currently on medication? Yes No

Please circle Yes or No to the following questions and remark in the space provided.

1. Were there any infections/illnesses during pregnancy? Yes No _____

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2. Were there any drugs or medications taken during pregnancy? Yes No _____

3. Was there any unusual stress during pregnancy? Yes No _____

4. Was the labor/ pregnancy normal? Yes No Abnormal? (Specify) _____

5. Was the delivery normal? Yes No Abnormal? (Specify) _____

(Cesarean section, breech, sideways, cord around neck, forceps used)

6. Were there any other complications during the pregnancy? Yes No _____

7. What was the child's weight at birth? _____

8. Were there any complications during the birth? _____

9. Did the infant have any feeding problems? _____

10. Please state any other difficulties: _____

11. Has your child ever been hospitalized? Yes No (Specify) _____

12. Has your child had a history of ear infections? Yes No If yes, how many: _____

13. recent hearing exam? _____ Results: _____

14. Is child currently on medication for ear infection? Yes No _____

15. Does your child have or has she/he had tubes? Yes No _____

16. Are there any diagnosed mental, physical or emotional disabilities? _____

17. Does your child have any known allergies? Yes No (Specify) _____

18. Are there any evaluation reports that we may have which might help us to understand your child better? Yes No If so, in what area/s? _____

FEEDING: Is he or she generally a good eater? Y/N If not, is it due to sensitivities to certain food textures/temperatures? Yes No If so, please describe:

Are there any food allergies? Yes No If so, please list and describe the child's typical reaction:

Current Speech and Language Status

Does your child understand what you say to her/him? Yes No If not describe her/his reactions:

Does your child have trouble understanding other people's speech? Yes No Give examples:

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Do you know why your child does not understand? Yes No Please explain:

Does your child respond consistently to sounds in the home (doorbell, phone, etc.)? Yes No Explain:

Do you suspect a hearing loss? Yes No Why?

Does your child attempt to talk? Yes No Is the child's speech understood by parents? Yes No
Siblings? Yes No strangers? Yes No

What is your child's reactions when his/her speech is not understood?

What does your child do to express himself when his/her speech is not understood by others?

Does your child say as much as most children of the same age? Give an example of a sentence your child might say:

Does your child pronounce words well? Yes No List sounds or words that your child pronounces incorrectly: _____

Select one skill in each column that best describes your child:

| | |
|---|---|
| <input type="checkbox"/> responds to only loud sounds | <input type="checkbox"/> makes no vocal sounds |
| <input type="checkbox"/> responds only to sounds in the home | <input type="checkbox"/> babbles only |
| <input type="checkbox"/> understands single words | <input type="checkbox"/> says single words |
| <input type="checkbox"/> understands simple sentences | <input type="checkbox"/> speaks in simple sentences |
| <input type="checkbox"/> understands complex directions and sentences | <input type="checkbox"/> uses complex sentences |
| | <input type="checkbox"/> uses only gestures |

Does your child hesitate and/or repeat sounds or words? Yes No How often does it happen?

When did you first notice this behavior? _____

Describe any struggle behaviors that accompany the hesitations/repetitions:

Social and Educational History

School/ Daycare Name: _____

Grade: _____

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How is your child doing academically in school? _____

Is your child receiving therapy in school? If so, Specify _____

What activities and toys does he/she enjoy? _____

How long can he/she attend to an activity presented by an adult? _____

How long can he/she attend to a self-selected activity other than videos, tv or computer games?

Does he/she have opportunities to play with other children? Yes No Where and how often?

Does he/she play well with other children? Yes No If not, what problems occur?

Is his/her play imaginative? Yes No If so, describe some common scenarios:

Home Environment

Are there siblings? Yes No If so, what are their names and ages?

Who are others in the home and how does your child refer to them? _____

If another language is spoken in your home, is it used exclusively or is your child exposed to English and to what extent? _____

How much of the second language and English does your child understand?

Second Language: _____

English: _____

How much of the second language and English does your child use?

Second Language: _____

English: _____