Pediatric Speech-Language Intake Form

Name:	**DOB:**	**Age:**	**Sex:** ☐ M ☐ F ☐ Other
School:		**Grade:**	
Legal Guardian 1:		☐ Mom ☐ Dad ☐ Other ____________	
Address:		**Phone:**	
Legal Guardian 2:		☐ Mom ☐ Dad ☐ Other ____________	
Address *(If Different)*:		**Phone:**	

Birth History:

Were there any problems during pregnancy and/or birth? Yes ☐ No ☐ *(If yes, briefly describe)*

Home Environment

Who lives at home with the child? (*Siblings (and ages), mother, father, step-parents, grandparents, etc)*

How often is English spoken at home? ☐ Always ☐ Most of the Time ☐ Sometimes ☐ Never

If another language is spoken, what language(s) is/are used in the home? ______________________________

Any special circumstances?

☐ Parents divorced ☐ Joint physical custody ☐ Child adopted ☐ Other _________________________

Any cultural or religious considerations for therapy? *(holiday celebrations, prohibitions, etc)*

Health History:

Please Mark Appropriate Box(es) If Your Child Has Had Any of The Following:

☐ Frequent Ear Infections ☐ Occupational Therapy ☐ Developmental Delay ☐ Early Intervention
☐ Hearing Problems ☐ Physical Therapy ☐ Premature Birth ☐ Tubes In Ears
☐ Speech Therapy ☐ Head Injury ☐ Hospitalization ☐ Behavior Therapy
☐ Allergies *(list below)* ☐ Prescription Medication *(list below)*

Please Provide Further Explanations for Items Checked Above:

Is Your Child Diagnosed with Any Developmental or Sensory Disorders?

☐ ADHD ☐ Anxiety ☐ Autism ☐ Articulation Disorder
☐ Blind/Visually Impaired ☐ Cerebral Palsy ☐ Deaf/Hard of Hearing ☐ Degenerative Condition
☐ Dyslexia ☐ Down's Syndrome ☐ Fragile X Syndrome ☐ Intellectual Disability
☐ Language Disorder ☐ Learning Disorder ☐ Opposition Defiance Disorder ☐ Sensory Processing Disorder
☐ Social Communication Disorder ☐ Stuttering ☐ Other *(list)* ____

Please Provide Further Explanations for Items Checked Above:

Do You Suspect Your Child Has Any Undiagnosed Disorders? ☐ Yes ☐ No

If yes, explain:

Developmental History:

Please include approximate age of occurrence

First word _____ Spoke sentences clearly _____ Typical Motor Development? ☐ Yes ☐ No

Education:

How Is Your Child Currently Educated?: ☐ Caregiver-led at home ☐ Distance Learning ☐ Pre-school/School

Has Your Child Ever Been Held Back a Grade? ☐ Yes ☐ No

Which Subjects in School is Your Child on Grade Level for? ☐ Reading ☐ Math ☐ Science ☐ Social Studies

Does Your Child Receive Special Education Services? ☐ Yes ☐ No

Does Your Child Have an IEP or IFSP? ☐ Yes ☐ No

If yes, what is it targeting?

Communication & Social Interaction

Does Your Child Play Well with Other Children? ☐ Yes ☐ No

Which of the Following Apply to Your Child?

☐ Cooperative
☐ Hyperactive
☐ Frequent self-stimulation (spinning, hand flapping, etc)
☐ Easily frustrated/impulsive
☐ Minimal eye contact
☐ Anxious
☐ Frequent tantrums
☐ Plays independently with others
☐ Inappropriate behavior
☐ Poor understanding of danger

Can Your Child Clearly and Appropriately Communicate the Following?

☐ Statements ☐ Questions ☐ Answers ☐ Wants ☐ Needs (ex: help) ☐ Feelings ☐ Denial/Protests ☐ Discomfort

About How Much of What Your Child Says Can You Understand? ☐ Almost All ☐ Most ☐ Half ☐ Quarter or Less

About How Much Could a Stranger Understand? ☐ Almost All ☐ Most ☐ Half ☐ Quarter or Less

Your Thoughts:

Why Do You Think Your Child Has a Communication Delay/Disorder?

What Have You Already Tried to Remedy the Communication Delay/Disorder? Has it Helped?

What Is the Main Goal You Wish to Accomplish with Speech/Language Therapy?

What Methods Do You Consent to Be Utilized for Communication Regarding Your Child?

☐ Text ☐ Email ☐ Voicemail

PLEASE PRINT YOUR NAME: ____ **Date:** ________________

SIGNATURE: ____

PLEASE INDICATE RELATIONSHIP TO CHILD: ☐ Parent ☐ Other Legal Guardian