Today's Date _____

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Grade:_____ School:_____

Reason for seeking this evaluation/treatment _____

Referred by: _____

Person completing the form: _____

Relationship to the child: _____

Parent/Guardian's Name: _____ Relationship to child_____
Home Address:_____

City, State, Zip: _____

Phone:_____ ☐Cell ☐Home ☐Work ☐Other

Email:_____

Parent/Guardian's Name: _____Relationship to child_____
Home Address:_____

City, State, Zip: _____

Phone:_____ ☐Cell ☐Home ☐Work ☐Other

Email:_____

Emergency Contact Name: _____ Relationship to child_____

Emergency Contact Phone Number _____

Child's Physician: _____

Physician's Phone: _____

Physician's Address: _____

Please describe your concerns about your child.

_____

_____

_____

Family Background

Does your child have siblings or are there other children in the home?

Name: _____Age: _____ Name: _____Age: _____

Name: _____Age: _____ Name: _____Age: _____

Language(s) spoken in the home: _____

If more than one language, who speaks the other language(s)? _____

Describe your child's use/understanding of the language(s):

_____

_____

Is there any history of dyslexia, learning disabilities, speech and language delays, and/or ADHD in the immediate or extended family? If yes, please describe:

_____

_____

Is there anything additional you would like to share about the family / home environment?

_____

_____

Health History

Prenatal Health History:

Were there any infections, illnesses, or other complications during pregnancy? ☐Yes ☐No

Describe: _____

List any medications or drugs (including alcohol) taken during pregnancy:

_____

Child's Medical History:

At how many weeks gestation was your child born? _____ weeks (40 weeks is typical)

Your child was _____ lbs ____oz and _____ inches at birth.

Were there any complications or concerns during labor or delivery? If yes, please describe:

_____

_____

General impression of your child's gross motor development. (e.g., Sitting up, crawling, walking, self-fed)

☐Early ☐Expected Time ☐Delayed

If delayed, please describe:_____

_____

General impression of your child's fine motor development. (e.g., grasping small objects, pencil grip, handwriting)

☐Early ☐Expected Time ☐Delayed

If delayed, please describe:_____

_____

General impression of your child's spoken language development. (e.g., First word, two word combinations, sentences)

☐Early ☐Expected Time ☐Delayed

If delayed, please describe: _____

_____

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

What percentage of your child's speech do people outside the family understand?_____%

If less than 95%, please describe the errors that are impacting your child's intelligibility: (e.g., "wike" for "like")_____

Has your child's hearing been evaluated? ☐Yes ☐No If yes, please indicate test dates and results:_____

Does your child have a history of ear infections, PE tubes, etc. or use hearing aids? ☐Yes ☐No

If yes, please describe:_____

Has your child's vision been recently evaluated? ☐Yes ☐No If yes, please indicate test dates and results: _____

Has your child participated in any formal testing or therapy with a speech-language pathologist, psychologist, occupational therapist, physical therapist, and/or learning specialist? ☐Yes ☐No

If yes, please describe who conducted the testing/therapy, when the testing/therapy occurred, and the results:

_____

_____

_____

_____

Is your child currently on any medications? ☐Yes ☐No If yes, please list medication name and reason for medication:

Medication 1: _____

Medication 2: _____

Medication 3: _____

Medication 4: _____

Does your child have any known allergies? ☐Yes ☐No

Describe: _____

Is your child up to date with immunizations: ☐Yes ☐No

_____

Check and describe all that apply:

☐Anxiety/stress	☐Asthma	☐Autism
☐Asperger's Syndrome	☐Behavior Issues	☐Brain injury
☐Breathing problems	☐Cardiac issues	☐Diabetes
☐Eczema	☐ Enlarged Tonsils/Adenoids	☐Frequent colds
☐OCD	☐Seizures	☐Sensory issues
☐Sleep issues	☐Tongue tie	☐Oral Habits (e.g., finger or shirt sucking)

Please describe:

_____

Are there any other health concerns?

_____

_____

Educational History

Is your child currently enrolled in school? ☐Yes ☐No

School History (List most recent first)

Year/Grade	School Name	Location
_____	_____	_____

_____ _____ _____

_____ _____ _____

Does your child have an IEP, IFSP, 504B plan or receive any additional services at school? ☐Yes ☐No

If yes, please describe: _____

_____

Does your child receive tutoring? ☐Yes ☐No

If yes, please indicate the subject, for how long, and the tutor's/company's name.

_____

_____

What concerns, if any, have been expressed by your child's teachers, school specialist, or tutor?

_____

_____

What is your child's strongest subject in school?

_____

What is your child's weakest subject in school?

_____

What is your child's favorite subject or part of the school day?

_____

What is your child's attitude towards school?

_____

What kind of environment, feedback, and/or activities have you noticed help/motivate your child to learn?

What is de-motivating?

_____

_____

_____

Please indicate any areas of difficulty that your child currently has or has had in the past. ***

Speech Sound Awareness

	doesn't understand and enjoy rhymes
	doesn't easily recognize that words may begin with the same sound
	has difficulty counting the syllables in spoken words
	has difficulty clapping hands or tapping feet in rhythm with songs and/or rhymes
	demonstrates problems learning sound-letter correspondences

Word Retrieval

	has difficulty retrieving a specific word (e.g., calls a sheep a "goat" or says "you know a wooly animal")
	shows poor memory for classmates' names
	speech is hesitant, filled with pauses or vocalizations (e.g., "um" "you know")
	frequently uses words lacking specificity (e.g., "stuff," or "thing,"
	has problems remembering/retrieving verbal sequences (e.g., days of the week alphabet)

Verbal Memory

	has difficulty remembering instructions or directions
	shows problems learning names of people or places
	has difficulty remembering the words to songs or poems
	has problems learning a second language

Speech Productions/Perception

	has problems saying common words with difficult sound patterns (e.g., animal, cinnamon, specific)

	mishears and subsequently mispronounces words or names
	confuses a similar sounding word with another word (e.g., saying “The Entire State Building is in New York.”)
	combines sound patterns of similar words (e.g., saying “escavator” for escalator)
	shows frequent slips of the tongue (e.g., saying “brue blush” for blue brush
	has difficulty with tongue twisters (e.g., she sells seashells)

Comprehension

	completes or responds to one part of a multi-step direction or request
	requests multiple repetitions of instructions/directions with little improvement in comprehension
	has difficulty understanding questions
	difficulty with listening comprehension of age appropriate material
	difficulty with reading comprehension of age appropriate material
	has difficulty making inferences, predicting outcomes, drawing conclusions
	lacks understanding of spatial terms such as left-right, front-back

Expressive Language

	talks in short sentences
	makes errors in grammar (e.g., “he goed to the store” or “me want that”
	lacks variety in vocabulary (e.g., uses “good” to mean happy, kind, polite)
	has difficulty giving directions or explanations (e.g., may show multiple revisions or dead ends)
	relates stories or events in a disorganized or incomplete manner
	may have much to say, but provides little specific detail
	has difficulties with the rules of conversation, such as turn taking, staying on topic, indicating when he/she does not understand

Additional domains

	difficulty with math facts
	difficulty with math word problems
	difficulty with handwriting
	difficulty with spelling
	poor studying habits or difficulty completing homework
	lacks interest in reading and shared reading activities

**** This checklist was prepared by Hugh W. Catts, University of Kansas. Some descriptors have been taken from Language for Learning; A Checklist for Language Difficulties, Melbourne, Australia; OZ Child and others have been changed to suit the purpose of this form.*

Please describe any other difficulties not mentioned above:

_____

_____

_____

_____

_____

Outside of academics, what are your child's strengths?

_____

_____

_____

_____

What are your child's interests/activities/hobbies? _____

_____

_____

_____

What are your goals for your child over the next 6 months? _____

_____

_____

_____

What are your goals for your child over the next 5 years?

_____

_____

_____

Is there anything else that is important for us to know about your child?

_____

_____

_____

Thank you for completing this form.