Christie Francis-Gladwin, Speech-Language Pathologist

Please fill in as much information as you can, to further assist me in planning for your child's therapy.

Child's Name: _____
D.O.B.: _____
Parent's cell number: _____
Home Address:
Primary concerns:

Child aware of or frustrated by speech/language difficulty: Y/N

Family History:

Family history of:
__Speech/language difficulty
__Hearing impairment/Deafness
__Learning difficulties
__Developmental difficulties

Child lives with:
__Birth parent __Foster parents __Adoptive parents __Parent & step-parent __Other

Siblings/Age:
Language spoken at home:
__English
__Other
Child speaks: _____ Understands: _____ Exposed to: _____

Birth & Medical History:

Typical pregnancy: __Yes __No/Explain:
Typical birth: __Yes __No/Explain:

Mother's age when child born:
Length of pregnancy (months):
Illness during pregnancy: __Yes __No
Yes, Explain:
Birth weight:
Did child go home with mother after born? Y/N
If No, explain:

Procedures; has child had…

__Adenoidectomy
__Allergies
__Breathing difficulties
__Chicken pox
__Frequent colds
__Frequent ear infections
Yes, how long?
Yes, how was it treated?
__Ear (PE) tubes
__High fever
__Head injury
__Sleeping difficulty
__Thumb/finger sucking
__Tonsillectomy
__Tonsillitis
__Vision problems

Other serious illness/injury:
Date of last hearing screening: Results:
Date of last vision screening: Results:
Hospitalizations:
Medications:

Milestones – what ages?

_____Sat alone
_____Babbled
_____First word
_____Spoke in short sentences
_____Toilet trained
_____Grasp crayon/pencil
_____Crawled
_____Two words together
_____Walked

Oral Motor/Feeding:

__Feeding difficulties (bite, swallow, chew)
__Breast/bottle fed
__Uses utensils
__Drooling
__Mouthing toys
__Allergies to food
__Food preferences/aversions

Speech/Language:

Prefers to use: __Gestures __Words __ Grunting/Sounds __Both __Neither
Does your child…
__Repeat words/phrases over and over?
__Use jargon (words you do not understand)/babble
__Imitate words you say – approximations/true words
__Use social greetings
__Understand what others say?
__Request/point to objects upon request (show me shoe, ball, cup)?
__Follow simple directions (Get your shoes, get the ball)?
__Respond to Y/N
__Respond to “wh” questions

Number of words in typical sentence:
Understood most of the time: Yes/No
If no, what speech errors?

Words child uses:
Child is able to:

__Point to named objects __Pointed to named actions
__Ask questions __Follow 1 step directions
__Follow 2 step directions __Understand what others say
__Respond to Y/N questions __Respond to wh questions

Child has received:
__ST/OT/PT evaluation on _____(Date)
__ST/OT/PT therapy services

Behavioral:

__Cooperative __Attentive __Willing to try new activities __Plays alone reasonable length of time __Seperation difficulties __Easily frustrated/impulsive __Stubborn __Restless __Poor eye contact __Easily distracted/short attention __Destructive/aggressive __Withdrawn __Inappropriate/self-abusive behavior __Tantrums: Duration _____, Easily redirected: Y/N