



# The Speech Space

*Play, Talk, Grow*



Today's Date: \_\_\_\_\_

## Identifying Information

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Responsible Party: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Parent/Caregiver Contact Information:

Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Emails: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Occupations: \_\_\_\_\_

Name, Phone, E-mail of Nanny: \_\_\_\_\_

What is the name of your child's school: \_\_\_\_\_

Does your child have an IEP? \_\_\_\_\_

If yes, what services do they receive: \_\_\_\_\_

Which of the following concern you? (check all that apply)

- \_\_\_\_\_ 1) number of words your child uses in a sentence
- \_\_\_\_\_ 2) your child's pronunciation of words
- \_\_\_\_\_ 3) your child's ability to understand language
- \_\_\_\_\_ 4) your child's play/social skills
- \_\_\_\_\_ 5) your child's eating habits
- \_\_\_\_\_ 6) your child's ability to maintain attention
- \_\_\_\_\_ 7) your child's ability to read
- \_\_\_\_\_ 8) your child's ability to use language to converse (back-and-forth dialogue)
- \_\_\_\_\_ 9) Academics

Please explain: \_\_\_\_\_



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What do you hope therapy will accomplish? \_\_\_\_\_

Who will implement a speech and language home program? \_\_\_\_\_

Who recommended that you see a speech-language pathologist? \_\_\_\_\_

How did you hear about The Speech Space? \_\_\_\_\_

Do you plan on filing for insurance reimbursement? \_\_\_\_\_ Name of insurance: \_\_\_\_\_

## **Birth History**

Is birth history and early milestones and development known? \_\_\_\_\_

If not, please note here (e.g., unknown due to adoption, surrogacy, etc) \_\_\_\_\_

Was there anything significant about the pregnancy or birth? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

## **Family History**

Does your child have any siblings? \_\_\_\_\_ If yes, what are their ages? \_\_\_\_\_

What languages are spoken in the home or in any of your child's other settings? \_\_\_\_\_

Is there a family history of speech and language development disorders or delays? \_\_\_\_\_

(If yes, please describe) \_\_\_\_\_

\_\_\_\_\_

Is there a family history of psychological or medical diagnosis? \_\_\_\_\_ If so, please describe

Is there a family history of learning problems? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Medical Information**

Pediatrician: \_\_\_\_\_ Address \_\_\_\_\_

Has your child ever been given a medical diagnosis? \_\_\_\_\_ If yes, what diagnosis? \_\_\_\_\_



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What was the treatment? \_\_\_\_\_

Has your child ever suffered from ear infections? \_\_\_\_\_ If yes, how many? \_\_\_\_\_ Which ears? \_\_\_\_\_  
At what age(s)? \_\_\_\_\_ Were PE tubes inserted? \_\_\_\_\_ If yes, at what age? \_\_\_\_\_

Is your child on any medications(specify) \_\_\_\_\_

Does your child have any allergies(specify) \_\_\_\_\_

Did your child ever suffer from reflux? \_\_\_\_\_ Were any medications prescribed? \_\_\_\_\_

List other professionals working with (or who have worked with) your child:

Names/Professions:

Phone Numbers:

\_\_\_\_\_

Has your child been treated by another speech-language pathologist? (Please provide name, telephone number, and reason) \_\_\_\_\_

## **Speech and Language Development**

Was there anything significant about your child's speech and language development? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

How does your child currently communicate? \_\_\_\_\_

Do you have concerns with your child's speech fluency? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is your child showing signs of frustration arising from his/her communication? \_\_\_\_\_

## **Feeding Development**

Was there anything remarkable about your child's early feeding history? \_\_\_\_\_

Do you have any concerns with your child's eating and/or nutrition? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Explain your child's typical eating habits: \_\_\_\_\_



## Feeding Development

Does your child have any food allergies? \_\_\_\_\_yes \_\_\_\_\_no \_\_\_\_\_never tested

If yes, describe. \_\_\_\_\_

## Social and Environmental

Does your child interact well with peers? \_\_\_\_\_ With adults? \_\_\_\_\_

Does your child make eye contact with others? \_\_\_\_\_

Is your child sensitive to certain sounds/pitches (e.g., vacuum cleaners, blenders)? \_\_\_\_\_

Does your child cover his/her ears when he/she hears certain sounds? (specify) \_\_\_\_\_

Does your child seem under-reactive to loud sounds (e.g., ambulance)? \_\_\_\_\_

Describe your child's current activity level (low, typical, high) \_\_\_\_\_

What is your child's current sleep pattern? Sleeps from \_\_\_\_\_ to \_\_\_\_\_

What activities does your child enjoy the most? \_\_\_\_\_

What activities does your child refuse to do? \_\_\_\_\_

How does your child spend most of his/her time? \_\_\_\_\_

How much time does your child spend watching television per day? \_\_\_\_\_

Does your child have difficulty calming themselves? \_\_\_\_\_

Does your child show back-and-forth communication (e.g., gesture, facial expression, or verbalization) with his/her caregiver? For example, mom smiles at child, child coos, then mom coos and child reaches to be picked up, then mom smiles and then baby laughs. \_\_\_\_\_