



230 Division Street
Manahawkin, NJ 08050
609-607-7400

Child's Name: _____

Date of Birth: _____

Speech Language Therapy Intake Form

(Please include copies of related evaluations and/or current IEP's)

What are your concerns regarding your child's speech and/or language?

When did you first notice the issue(s)?

Do you feel that your child's speech and/or language is different than children his or her own age? If so, how?

Who have you seen regarding these issues? (ie, Doctor's, Psychologist, etc., Include name, address and telephone number)

Has your child ever received a speech language evaluation? How has this issue changed since you first noticed it? When?

What has helped/not helped the issue?

How does the issue affect your child?

Is there a family history of speech difficulties or Special Education Services?

Pregnancy, Birth History and Early Development

Is this your biological child? yes no

During pregnancy with this child, did mother take any medications? yes no If so, what?

Did your child have any trouble breathing after birth? yes no Was the child kept in an incubator? yes no If so, explain

Was feeding a problem? yes no If so explain:

How was your child fed? Bottle Breast

Age weaned from breast? _____

Age weaned from bottle? _____

Did/does your child use a pacifier? yes no If so, until what age? _____

Does your child use a sippy cup? yes no

Age drank independently from an open cup _____ finger fed self _____

Is your child able to eat with a spoon and fork? yes no

Does your child have and problems eating now? yes no If yes, please explain:

Is he/she a picky eater? yes no If yes, please explain

Does your child eat: (circle all that apply)

Pureed foods Yogurt/pudding Crunchy foods Cookies/Pretzels

Was your child very active as a baby? yes no

When did your child first learn to:

Crawl? _____ Sit alone? _____ Feed self? _____ Dress self? _____ Walk independently? _____

How well does your child (good, fair, poor): Walk? _____ Run? _____ Throw a ball? _____

If your child has difficulties with any of the above or any other motor activities, please explain:

Is your child toilet trained? yes no If so, what age? _____

Does your child wet the bed now? yes no How often? _____

What hand does your child use to: eat? _____ Draw? _____ Write? _____

How would you describe your child's current physical development (good, fair, poor)?

Medical History

Has your child ever had any serious illnesses or accidents? Explain

Has your child ever fainted? yes no Had seizures? yes no If so, how frequent _____

Does your child have problems hearing? yes no

Ear infections? yes no If so, how many (frequency)? _____

Last hearing exam date and results? _____

Has your child had middle ear tubes inserted? yes no when? _____

Did your child have his/her tonsils/adenoids removed? yes no If so, when? _____

Does your child have any trouble sleeping at night? yes no Waking up in the morning? yes no If so, please explain: _____

Is your child an open mouth breather/snore/drool? yes no If so, please explain: _____

Speech History

Was your child very quiet as a baby? yes no

Did he/she coo? yes no Babble? yes no Did your child cry excessively as a baby? yes no

What age did your child speak single words (other than "mama" or "dada"): _____

What were your child's first few words? _____

Approximately how many words did your child have at 18 months? _____

When did your child begin to combine words (two words)? _____

How does your child primarily communicate? Please explain: _____

Does your child use speech consistently to communicate (circle one)?

Frequently Occasionally Never

Does your child use gestures to communicate? yes no

Does your child get frustrated by his/her difficulty or inability to communicate? yes no If so, how? _____

Does your child speak in complete sentences? yes no

How much of your child's speech is understood by familiar listeners? Unfamiliar listeners? _____

Do you think your child stutters or stammers? yes no

Does your child answer questions? yes no

Does your child follow directions? yes no

Reading and Writing (if age appropriate please complete)

Has your child had any problems learning to read? yes no Learning to write? yes no Explain: _____

Do you/did you read to your child? yes no

Does/did your child enjoy being read to? yes no

What does your child enjoy reading? _____

Does your child know the alphabet? yes no

Does your child have difficulty learning/using new words? yes no

Does your child have difficulty learning/retaining new information? yes no Explain:

How would you describe your child's writing skills for his/her age (circle one)? Good Fair Poor

Math

Has your child had difficulty learning math? yes no If so, explain:

Does your child like/dislike math? like dislike Please Explain:

Cognitive Development

Which toys did your child play with at age 12 – 18 months?

At age 24 – 36 months?

Does your child play with any toys now? If so, what?

How does your child interact with others (shy, outgoing, avoids interaction with others etc.)? Provide an example if possible.

How would you describe the speed at which you child learns?

How you would describe the way in which your child learns/studies best?

Does your child have difficulty solving everyday problems? yes no If so, explain:

Does your child have difficulty reasoning through everyday problems? yes no If so, explain:

Does your child have difficulty following multi-step directions?

Describe your child's response to sounds (all, loud only, inconsistently, etc.)

Educational History

Has your child had any problems in school? yes no If so, explain:

Has your child had difficulty making friends? yes no If so, explain:

Has your child's teachers had any complaints about your child's behavior, learning, or social development? yes no
If so, explain:

Has your child worked with tutors or resource teachers? yes no If so, do you feel this has helped your child?

Please Specify: Describe any behaviors that you feel are of concern:

What are your child's strengths?

What does your child like to do in his/her spare time?

Do you feel your child is a happy child?

Please state any additional information or comments you feel would helpful to me in evaluating your child's speech/language behavior. What concerns/goals do you have for your child at this time?
