



Pathways to Speech and Reading LLC

Carol Ann Kennedy, M.S., CCC-SLP
Speech Language Pathologist
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SPEECH & LANGUAGE INTAKE QUESTIONNAIRE

Date: _____ **Referred by:** _____

Child's Name _____ **Birthdate** _____

Name of Pediatrician _____

Mother's Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Email:** _____

Father's Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **WorkPhone** _____

CellPhone _____ **Email:** _____

Emergency Contact:

Name: _____ **Phone:** _____

Relationship to child: _____

Other Children in Family:

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>Speech/Lang. difficulties?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In your own words, please describe as completely as possible your child's speech difficulties (ability to produce sounds, words)

In your own words, please describe as completely as possible any concerns you have about your child's language abilities (your child's understanding of spoken words, and use of spoken words to communicate).

Are there any speech, language, or reading difficulties in other family members?

BIRTH HISTORY OF CHILD

Length of pregnancy _____ Type of delivery _____

General condition _____ Birth weight _____

Were there any conditions that may have affected the pregnancy or birth (illnesses, accidents, medications, etc.)? _____

Difficulty initiating breathing? _____

Was child premature? _____ How early? _____

HEALTH HISTORY OF CHILD

Describe any accidents or operations:

Illnesses: (include ages and frequency of ear infections; high fevers; etc.) _____

Has your child had ear tube placement? If so age of placement _____

Known allergies or food intolerances: _____

Is your child taking any medications? If so please list names, how long child has been taking them, reason, and any noted side effects: _____

SPEECH & LANGUAGE DEVELOPMENT

At what age did your child babble? _____

Did your child have thumb sucking behavior? If so, how long?

Did your child use a sippy cup? If so, for how long?

At what age did your child begin to use meaningful words? _____

Examples: _____ At

what age did your child begin to talk in understandable short sentences?

Examples: _____

If your child has speech that is not understandable, how does he/she communicate: _____

Does your child seem to understand what you say to him/her?

How understandable is your child's speech when you know the topic of his conversation? _____

How understandable when the topic is unknown? _____

Is your child teased about his/her speech? _____

If your child has ever used more speech and language than he does now, please describe and explain the situation. _____

Does your child have a history of feeding problems (ie. Sucking, swallowing, drooling, chewing etc): _____

Does your child have food/texture preferences? _____

Does your child have any sensory integration difficulties, such as hypersensitivity or hyposensitivity? _____

Does your child have any gross motor or fine motor skill difficulties that you know of? _____

Has your child's hearing been checked with in the last 6 months? If so, by whom and what were the results? _____

Does your child have auditory processing difficulties? _____

Does your child have a history of difficulties with fine motor skills such as writing, use of buttons, tying shoes etc.? _____

Has your child been evaluated elsewhere (psychological, speech/language, occupational therapy, physical therapy etc.?) _____

If so, please list where and approximate dates:

BEHAVIORS

Does your child have difficulty concentrating or attending to a task? If so please provide examples: _____

Do you consider your child's level of activity to be normal for his/her age?

Is there anything that frustrates or frightens your child? _____

EDUCATIONAL HISTORY

Name of school _____ Current grade: _____

Teacher's name: _____

Present attitude toward school _____

Favorite subjects/activities: _____

Difficult subjects/activities: _____

Has your child repeated any grades? _____ If so, which? _____

Has your child had difficulty in learning to read? _____ If so, what difficulties? _____

Please list any interventions your child has had for learning to read: _____

Has your child been referred for Response to Intervention (RTI) _____

If so, what interventions have taken place? _____

Does your child receive any Special Education services at school? _____

If so, what services? _____

Do you have a copy of your child's current IEP? _____

Does your child have any current diagnosis (ie. ADHD, Anxiety, Autism Spectrum, Language Difficulties, Learning difficulties etc.): _____

What do you consider to be your child's strengths? _____

Thank you for taking the time to fill out this intake questionnaire, as the information you have provided will guide assessments, as well as interventions, and will help me to best meet the needs of your child.

Please let me know if any changes take place in your child's care, and I will make a note of it.

I look forward to working with you!

Parent/guardian completing this form(print name): _____

Signature of parent/guardian completing this form: _____

Date _____

Pathways to Speech and Reading LLC
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Speech Language Pathologist

CONSENT FOR EVALUATION

I give consent for my child, _____ to receive an assessment which will be implemented by Carol Ann Kennedy, Speech Language Pathologist.

The evaluation will consist of formal or standardized assessments, as well as informal assessment measures and the results will be used to guide the therapeutic plan.

You will receive a written and verbal report of the assessment findings, as well as the recommended therapeutic plan at a scheduled time.

Signature of mother

Date

Signature of father

Date

Signature of legal guardian

Date