

Speech & Language Therapy Intake Form

Describe your child's speech/language problem in your own words:

At what age was this problem first noticed? _____

Who first noticed the problem? _____

How has the problem changed since that time? _____

Does your child use speech? Occasionally Never Frequently

What is the current communication style(s) used by your child? Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Non-word Vocalizations | <input type="checkbox"/> Word Combinations |
| <input type="checkbox"/> Single Words | <input type="checkbox"/> Full Sentences |
| <input type="checkbox"/> Words and Gestures | <input type="checkbox"/> Gestures and/or Pointing Only |
| <input type="checkbox"/> Short Phrases | |

Estimate size of expressive vocabulary (number of words child spontaneously uses): _____

Is correct word order used in sentences/phrases? Yes No

Do you have difficulty understanding your child? Yes No

Do other people have difficulty understanding your child? Yes No

Does your child feel frustrated by an inability to communicate? Yes No

Do you think your child stutters? Yes No

Has your child had feeding or swallowing difficulties? Yes No

How well does your child understand what is being said to him/her (ability to follow directions and understand meaning of words)? _____

Has your child had any problems learning to read? Yes No

Learning to write? Yes No

If yes, please explain: _____