IDENTIFYING INFORMATION-CONFIDENTIAL

- Name of Child: Date of Birth:
- Name of Person Completing Form: Today's Date:
- Relationship to Child:
- Child's Address:
- Child's Phone Number:
- Who referred this student?
- List any medical diagnoses the child has:
- When was he/she first diagnosed with that condition?
- Why were you referred?
- With whom does the child live?
- What do you hope to accomplish by coming to the Clinic?
- Has the child in the past, or does he/she currently use an augmentative communication device or any assistive technology at home or at work? ❑ Yes ❑ No
- If he/she has used in the past only, briefly explain why he/she is not currently using:
- Who evaluated the child for the augmentative communication device or assistive technology?

EDUCATIONAL & VOCATIONAL INFORMATION

- Educational level:
- (If post-high school, indicate area of specialization)
- Occupation: Employer:
- Last Date of Employment:

FAMILY INFORMATION

- Marital status: single _____ married _____ separated _____ divorced _____ remarried _____
- Name of spouse: No. of years married:
- Address of spouse:
- Occupation: Educational level:
- Work Phone:
- **Children:**
- **Names Ages**

COMMUNICATION STATUS

- How would you describe the child’s current communication ability (check all that apply)
- Almost never communicates
- Sometimes communicates
- Communicates frequently
- Is very easy for me to understand when I know the topic of conversation

- Is fairly easy for me to understand when I know the topic of conversation
- Is difficult for me to understand when I know the topic of conversation
- Is very easy for me to understand if I DON'T know the topic of conversation
- Is fairly easy for me to understand if I DON'T know the topic of conversation
- Is difficult for me to understand if I DON'T know the topic of conversation
- Is usually understood by other people who don't know him/her well
- Is usually NOT understood by other people who don't know him/her well
- In your own words, please describe how the child communicates:
- In general:
- He/She communicates what he/she wants or needs by:
- He/She communicates things that happened in the past or will happen in the future by:
- He/She gives or asks for information by:
- He/She communicates in social situations by:
- What other things does he/she do to communicate (e.g. cry, whine, and look at something he wants)?
- What sounds does the child make? (e.g. “b”, “duh”, “ee” as in eat”)
- What words does this child say or write?
- What gestures does this child make (e.g. pointing, motioning, to “come here”, tugging for attention?)
- What manual signs (or sign language) does the child use?
- What other services does the child have now? What has he/she had in the past?
- **Has Now Had Before?**
- Physical Therapy
- Occupational Therapy
- Speech-Language Therapy
- Psychological or Behavioral Counseling
- Nutritional Services
- Vocational Counseling
- Other (describe):

EDUCATIONAL INFORMATION

- Child’s School:
- School Address:
- School Phone:
- Placement/Grade:
- Teacher’s Name:
- Does the child have an aide with him/her in school? Yes _______ No _______
- If YES, is the aide with the child: Does this aide work with:
- _______ All day _______ Just this child
- _______ About half of the day _______ Several children
- _______ Less than half of the day _______ The whole class

DEVELOPMENTAL INFORMATION

- Check which is applicable: This is our biologic_____ foster_____ adopted_____ child.
- How many pregnancies has the mother had? _____ Which was this child? _____
- Mother's age at the time of this pregnancy? ______
- Any medical problems before this pregnancy? _____ If yes, describe:
- Did the mother have any of the following during pregnancy?
- German measles _____ Toxemia _____ Anemia _____ Kidney infection _____
- Accidents, injures (describe)
- Did the mother take any prescription and or nonprescription medications during this pregnancy?
- Yes _______ No _______
- What kinds?
- Was the pregnancy full term? _____ Premature? _____ Number of months? _____
- Was the delivery normal? _____ Length of hard labor? _____ Were forceps used? _____
- Caesarian/Breech? _____
- Comments:
- Give the name of physician and hospital:
- Child's weight at birth? Any birth injuries?
- Was the child an RH baby? Was the child jaundiced?
- Did the child require oxygen?
- What special medication or treatment did the child receive at birth, if any?
- Breast or bottle fed? If breast fed, for how long?
- Did the infant have feeding problems?
- If "yes", explain
- Swallowing or choking difficulty? Yes _____ No _____ If "yes" explain:
- Sat alone _____months. Fed self_____ months. Walked alone _____ months.
- Determined handedness (age).
- Toilet trained during the day (age). Toilet trained during the night (age).
- Physical development has been: rapid __________ normal __________ slow __________.
- Coordination is: good __________ clumsy __________.
- Does the child use any of the following? (Check all that apply).
- _____ Wheelchair
- _____ Walker
- _____ Special Chair
- _____ Other special equipment (describe)
- Feeding difficulty: Yes _______ No _______. If "yes",
- Explain:
- **Check all those that apply to the child:**
- Yes No Explain: give ages if possible
- Eating problems
- Sleeping problems
- Toilet trained problems

- Difficulty concentrating
- Needs a lot of discipline
- Interactive
- Excitable
- Laughs easily
- Cries a lot
- Difficult to manage
- Overactive
- Sensitive
- Personality problems
- Gets along with adults
- Emotional
- Stays with an activity
- Makes friends easily
- Happy
- Irritable
- Would the child separate easily for therapy? Yes_______ No _______
- What are your primary concerns about your child?

SPEECH AND LANGUAGE HISTORY

- Was the child responsive as an infant? (Smile or laugh appropriately) Yes _______ No _______
  If "no", explain:
- When did the child first make sounds? months
- Examples of early sounds
- Did the child begin to babble and then stop? Yes _____ No _____
- When did the child say his/her first words: months
- Examples of early sounds
- When did the child say his/her first words: months
- Examples of first words:
- When did the child first use phrases:
- Examples of phrases:
- When did the child first use sentences: months
- Examples:
- When were you first concerned about the child's speech or language
- What caused the concern?
- How does the child communicate at this time? Provide examples of his present communication:
- Can child be understood by:
- Mother _______ Relatives _______ Other children _______
- Father _______ Strangers _______
- Is child having difficulties in any area other than speech? Yes _______ No _______
- If "yes", explain:

- What words does this child say or write?
- What gestures does this child make (e.g. pointing, motioning to “come here,” tugging for attention)? When does he/she use these gestures?
- What manual signs (or sign language) does the child use? When does he/she use these signs?
- What other things does he/she do to communicate (e.g. for look at something he wants, blink eyes?

MEDICAL HISTORY

- **Age Mild Mod. Severe Age Mild Mod. Severe**
- Adenoidectomy Heart problem
- Allergies High fevers
- Asthma Influenza
- Blood disease Mastoidectomy
- Cataracts Measles
- Chicken pox Meningitis
- Convulsions seizures Muscle disorder
- Cross-eyed Nerve disorder
- Croup Orthodentia
- Dental problems Pneumonia
- Diptheria Polio
- Encephalitis Rheumatic fever
- Headaches Scarlet fever
- Head injuries Tonsillectomy
- Vision Problems Whooping cough
- Describe any other illnesses, accidents, injuries, operations, and hospitalization of the child.
- Include the age of the child and length of hospitalization:
- Is the child's health Good? ______ Fair? ______ Poor? ______
- Is the child now under medical treatment or on medication? Yes ______ No ______
- Please describe any treatment or medication:

HEARING HISTORY

- Does the child have a history of ear infections or otitis media?
- How many occurrences or ear problems?
- At what ages? Age of onset?
- How long did each ear problem last?
- What treatments (medications) were prescribed?
- Has the child ever been treated by an Ear, Nose, and Throat doctor?
- Who? When?
- Says "huh?" or "what?" at least five or more times a day? Yes No
- Do you ever question the child’s ability to hear normally?
- Why?

- Has the child complained of noises in his ears?
- Is hearing the same from day to day? When does it change?
- Does the child become confused with direction of sound?
- Does the child seem to hear less well in noise?
- Does the child seem annoyed by a noisy environment or loud sounds?
- Does the child favor one ear? Which one? Left Right
- Does the child favor one ear? Which one? Left _______ or Right _______
- Does the child watch the speaker's face?
- Does the child respond to vibration?
- Has the child ever worn a hearing aid?
- Is the child easily distracted?
- Does the child have difficulty following directions?
- Does the child localize to environmental sounds?
- Does the child have difficulty following auditory directions?