Children's Therapy Center, Inc.

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Speech and Language Evaluation Intake Questionnaire

Child's Name:_________________________ Birthdate: ______________ Age: ___________

Background Speech and Language Information	
What percentage of your child's speech is understood by primary caregivers?	0% -14% ☐ 15-49% ☐ 50-75% ☐ 75-89% ☐ 90%-100% ☐
What percentage of your child's speech is understood by adults new to your child?	0% -14% ☐ 15-49% ☐ 50-75% ☐ 75-89% ☐ 90%-100% ☐
What is child's primary language?	
Does your child understand and/or speak other languages? If yes, please list.	☐ No ☐ Yes Language: ______________________ Age first exposed to language:______________ Understand? ☐ No ☐ Yes Speak? ☐ No ☐ Yes ☐ No ☐ Yes Language: ______________________ Age first exposed to language:______________ Understand? ☐ No ☐ Yes Speak? ☐ No ☐ Yes
Have you used sign language with your child? (ASL, baby sign etc.)	☐ No ☐ Yes
Does your child use an alternative method of communication? (picture book, PECS, iPad with app, speech-generating device, sign language, etc.)	☐ No ☐ Yes System Name:______________________ Date started to use system: ______________ Where is it used? ☐ Home ☐ School ☐ Everywhere
If your child uses a device, are you happy with the system? Explain	☐ No ☐ Yes ______________________ ______________________
When and where was your child's last hearing evaluation?	Date:__________ Results:______________ Audiologist:______________________ Clinic:______________________
Ear Tubes?	☐ No ☐ Yes How many sets? __________
If yes, when, where & who placed them?	Date(s):__________ ENT:______________ Clinic:______________________
Has your child had their tonsils or adenoids removed?	Tonsils: ☐ No ☐ Yes Adenoids: ☐ No ☐ Yes
If yes, when, where, and who did the surgery?	Date:__________ ENT:______________ Clinic:______________________
Does your child have a history of ear infections or middle ear fluid?	☐ No ☐ Yes Age of first infection: ______________ How many have they had? ______________

Areas within Speech and Language Skills

Please circle/check skills listed below that you feel your child understands and uses successfully.

Basic Concepts- Identification What do you feel your child understands?	Basic Concepts- Use What kinds of words can your child say?
☐ Colors ☐ Body Parts ☐ Common Objects ☐ Action Words (eat, play, jump) ☐ Yes and No questions ☐ Location Concepts (in, on, under) ☐ Pronouns (I, my, your, we, he, his) ☐ One Step Directions (stop, sit, come here) ☐ Two Step Directions (Put on your shoes and go to the car)	☐ Colors ☐ Body Parts ☐ Common Objects ☐ Ask for help ☐ Action Words (eat, play, run) ☐ Answers with yes and no ☐ Uses greetings (hi, bye) ☐ Location Concepts (in, on, under) ☐ Pronouns (I, my, your, we, he, his) ☐ Gets attention appropriately (hey! Mom! Come here!)

Play Skills Does your child:	Social Skills Does your child:	Narrative and Conversation Skills Does your child:
☐ Copies things you do with toys/activities ☐ Plays with a variety of toys ☐ Plays with other children ☐ Pretend Play	☐ Moves from one activity to the next without becoming upset ☐ Makes eye contact ☐ Okay with losing games ☐ Initiates activities with others ☐ Takes turns ☐ Smiles at others ☐ Responds to his/her name ☐ Joins in activities other's chose ☐ Understands social boundaries	☐ Provides personal information (name, birthday, age, family members, allergies) ☐ Answers who, what, where, why, when, how questions ☐ Answers questions about their day ☐ Provides details such as people's names during story telling ☐ Tells stories & recalls events with correct order ☐ Appropriately begins and ends conversations ☐ Asks questions ☐ Maintains Topic

Feeding Skills Does your child eat foods from the following categories? Circle/check everything your child eats regularly without difficulty.
☐ Water ☐ Milk ☐ Juice Drinks from: ☐ open cup ☐ sippy cup ☐ bottle ☐ Purees (apple sauce, pudding, yogurt) ☐ Raw fruits ☐ Raw vegetables ☐ Cooked Vegetables ☐ Mixed texture foods (sandwiches, casseroles, spaghetti) ☐ Soft Proteins (chicken nuggets, deli meat, eggs) ☐ Hard Proteins (steak, chicken breast, pork chop) ☐ Crunchy Munchable (goldfish, cheese puffs, graham cracker) ☐ Chewy Solids (gummy bears, bagel, licorice)