

Email address (optional): _____

Emergency Contact/Name: _____ Ph# _____

Siblings of Client: (names/ages) _____

Race/Ethnicity (for statistical purposes): _____

Any speech/hearing problems in the family? _____ If so, describe _____

Birth and Development

Describe any problems before, during or after birth _____

Birthweight _____ Age sat alone _____ Age crawled _____

Age walked _____ Age toilet trained _____ Age first word _____

Age combined words _____

Education

Name of the child's current school or nursery _____

Teacher's Name _____ Grade _____

Problems/concerns mentioned by the teacher _____

Academic Achievement (circle one) Good Fair Poor

Has the child been retained or repeated any grade, if so please describe? _____

Statement of Problem

In your own words, describe your concerns _____

What do you believe has caused the problem? _____

Has your child ever had a speech evaluation, hearing evaluation or speech therapy? If so,

please describe _____

Is your child currently receiving any speech, language, hearing or other special

services? If so, please describe _____

(Please send copies of pertinent information such as IEP, ADA plan, and/or previous evaluations of which may be helpful.)

Has the child ever been diagnosed as having any of the following? (check any that apply)
A syndrome _____ Autism _____ Intellectual Disability _____
Learning Disability _____ ADD/ADHD _____ Other _____

Medical Information

Name and Address/Phone of child's doctor _____

Does the child have any allergies (food, latex, others)? Please list: _____

Has the child ever had any serious illnesses or surgeries? If so, describe _____

Please check any that apply and give the age when the condition occurred:

Meningitis _____ Influenza _____ Seizures _____

Ear Infections _____ Earaches _____ Allergies _____

High Fever _____ Pneumonia _____ Sinusitis _____

Tonsillectomy _____ Balance Problems _____ Dental Problems _____

Kidney Problems _____ Injuries _____ Frequent colds _____

Visual Difficulties _____ Other _____

Is child taking any medications? If so what and for what conditions? _____

General Communication

Language(s) spoken in the home: _____

How well is child understood by family? _____ By Strangers? _____

Did child ever acquire speech and then slow down or stop talking? _____ If so, when and why _____

How do you communicate with each other? _____

Has your child had any chewing or swallowing difficulties? _____ If so, describe _____

Check any of the following statements that apply to your child:

Follows directions well _____ Uses complete Sentences _____

Seems to understand what is said _____ Talks too fast _____

Talks too slow _____ Speech is difficult to understand _____

Uses little or no speech _____ Needs to look at person to understand _____

Imitates speech but doesn't initiate speech _____ Stutters or Stammers _____

Uses primarily signs or gestures instead of speech _____

Child's Voice is: (check any that apply)

hoarse () nasal () too high () too low () too loud () too soft ()

Hearing:

What sounds does your child respond to? _____

Does hearing appear to be constant or does it vary? _____

Any concerns about child's hearing? _____ If so, describe _____

Has the child ever worn a hearing aid? _____ If so, describe type, benefit, etc _____

NOTE: if your child has a hearing aid, please bring it to the appointment.

General Behavior

Check any that apply to your child:

Difficulty concentrating _____

Overactive _____

Difficult to manage _____

Prefers to play alone _____

Please add any comments/information that may help us in working with your child:

Please read and sign:

I understand that the Valdosta State University Speech and Hearing Clinic is a training facility for student clinicians in the Communication Disorders Program. I understand that student clinicians under the supervision of licensed professionals render diagnostic and therapy services. I authorize VSU Speech and Hearing Clinic to provide services to my child.

Signature of parent or legal guardian

Date

Revised 3/13