

Pediatric Speech and Language Intake Paperwork

Parent Input -



Parent/Guardian filling out form: _____

Parent/Guardian of: _____

Patient DOB: _____

Date: _____

1. My child's speech and/or language difficulties are -

2. My child's speech and/or language strengths are -

3. My child communicates by: (check all that apply)

- ☐ Using Words ☐ Picture Based System (ex: PECS)
- ☐ Sign Language ☐ Pointing
- ☐ Other _____

Other than English, are there any other languages spoken in the home? Yes ☐ No ☐

If yes, please list the language(s): _____

Does your child speak another language other than English? Yes ☐ No ☐

If yes, please list the language(s): _____

4. My child says the following sounds: (check all that apply)

- | | | | |
|---|----------------------------|-----------------------------|-----------------------------|
| ☐ a | ☐ m | ☐ k | ☐ l |
| ☐ b | ☐ y | ☐ sh | ☐ th |
| ☐ n | ☐ j | ☐ z | ☐ u |
| ☐ ng | ☐ s | ☐ o | ☐ d |
| ☐ ch | ☐ i | ☐ h | ☐ t |
| ☐ e | ☐ w | ☐ g | ☐ zh |
| ☐ r | ☐ p | ☐ f | ☐ v |
| ☐ My child does not say any sounds | | | |

5. My child says these sounds: (check all that apply)

- ☐ In the **B**eginning of words
- ☐ In the **M**iddle of words
- ☐ At the **E**nd of words

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6. My child is able to speak in: (check all that apply)

☐ Words

☐ Phrases

☐ Sentences

☐ Conversations

☐ My child cannot speak at any of these levels

7. My child says approximately:

☐ 1-5 Words

☐ 6-10 Words

☐ 11-20 Words

☐ 21-25 Words

☐ 26-50 Words

☐ 51-100 Words

☐ 101-200 Words

☐ Over 200 Words

☐ My child does not express words

8. My child uses sign language for approximately:

☐ 1-5 Signs

☐ 6-10 Signs

☐ 11-20 Words

☐ 21-25 signs

☐ 26-50 Signs

☐ 51-100 Signs

☐ 101-200 Signs

☐ Over 200 Signs

☐ My child does not express signs

9. **(Please answer this question only if your child is using less than 25 words)**

Words my child expresses:

10. **(Please answer this question only if your child is using less than 25 signs)**

Signs my child uses:

11. Describe any illnesses, hearing problems, or physical problems that may have an effect on your child's speech:

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12. Rate your child's abilities in the following speech and language areas:

	Above Average	Average	Below Average
Pronounces speech sounds correctly	☐	☐	☐
Uses sentences that are correct for age	☐	☐	☐
Understands what others say or mean	☐	☐	☐
Uses vocabulary appropriate for age	☐	☐	☐
Explains or describes ideas clearly	☐	☐	☐
Carries on a conversation with family or friends	☐	☐	☐
Follows directions accurately	☐	☐	☐

13. I think my child's speech/language problem is :

None **Mild** **Moderate** **Severe**

14. My child's speech and language problem is noticeable

Never **Sometimes** **Usually** **Always**

Does your child's speech language impact their education? **Yes** ☐ **No** ☐

If yes please explain:

15. Please list any activities, food, toys, or interests your child likes:

16. Please make any suggestions or include any information you think would be helpful in planning your child's speech and language program:

Input Provided by: (your signature) _____