

Speech Therapy – School Age (Ages 5 +)

Patient Name: _____

DOB: _____

*Depending on your child's abilities, some questions may not be applicable.

Concern:

1. When did you first have concerns about your child's speech and language?
1 year ago 6 month ago 3 months ago

2. What made you concerned?

3. Did you take any steps to address your concerns once they arose (i.e., past assessments, therapy)?

4. What are your concern(s) today?

5. What is your primary goal for your child in speech therapy?

Communication/Learning Style:

1. What are specific communication situations that are most challenging for your child?

2. How does your child learn best? (Reading, Listening, Demonstration, Pictures)

Feeding

1. Does your child have history of feeding difficulties (i.e., limited diet, frequent coughing, increased behaviors around food)? If so, please explain.

2. Please list any questions or concerns you have regarding your child's current eating habits at this time.

Language Development

1. How is your child communicating their wants/needs to you most effectively? (words, sign language, gestures, pictures, communication device).

2. Can your child remember and follow simple routines, such as brushing teeth and combing hair after breakfast? Yes/No
On a typical day, how many steps in a routine can your child follow? _____
Do they need reminders? Yes/No If yes, how many reminders? _____
3. Is your child able to understand (check as many as applicable)
_____ gestures? _____ words? _____ short phrases? _____ sentences?
4. Do gestures have to be used for your child to understand words, short phrases or sentences? Yes No
5. How does your child communicate when they are upset or frustrated?

6. How often does your child get frustrated when trying to communicate? Please circle answer.
Seldom Sometimes Frequently Very Frequently

Speech Development

1. How much of your child's speech do you understand? Please circle one.
10% or less 11-20% 21-50% 51-70% 71-100%
2. How much of your child's speech do others understand? Please circle one.
10% or less 11-20% 21-50% 51-70% 71-100%
3. Do you or others understand MORE or LESS of your child's speech as sentence length increases? (Circle One)
4. Does your child express frustrations when not understood? Yes No

Play and Socialization Skills

1. Describe your child's typical play behaviors with toys and people.

2. When given a choice, does your child prefer to play alone or with others? Alone Others
3. How does your child respond to other adults or children playing with them? Does your child have successful peer relationships?

4. Does your child play well with others (doesn't need to be in charge, can share, etc)? _____

5. Does your child tolerate redirection by teachers/parents/adults when not following instructions?

6. Does your child adjust easily to unplanned situations (substitute teacher, change in daily routine, etc)?

7. What are your child's favorite toys/activities that will be helpful for them to feel comfortable during the evaluation?

8. Is there anything else you would like to share with us?

**Thank you for taking the time to complete this form.
Your contribution to this evaluation process is greatly appreciated and valued.
We look forward to meeting you. 😊**