



300 Knickerbocker Rd. • Suite 3600 • Cresskill • NJ • 07626 northernvalleysll.com t 201-399-7078 f 201-399-7080

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Parents' Names** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Child's Current Grade:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Referral Source:** \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

**Parent's Statement of Concern (s):** \_\_\_\_\_

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**PERTINENT BACKGROUND INFORMATION:** \_\_\_\_\_

**Is there a familial history of speech, language, and/or learning difficulties?** \_\_\_\_\_

**If yes, please describe:** \_\_\_\_\_

**Any previous evaluations?** \_\_\_\_\_ **If yes, what kind and please include dates:**

**What kind of support has your child received, if any? Please include in school and outside of school support services.**

**Additional Comments/Concerns/Relevant Contact People**