

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)

- | | | | |
|-----------------------------|----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> a | <input type="checkbox"/> m | <input type="checkbox"/> k | <input type="checkbox"/> l |
| <input type="checkbox"/> b | <input type="checkbox"/> y | <input type="checkbox"/> sh | <input type="checkbox"/> th |
| <input type="checkbox"/> n | <input type="checkbox"/> j | <input type="checkbox"/> z | <input type="checkbox"/> u |
| <input type="checkbox"/> ng | <input type="checkbox"/> s | <input type="checkbox"/> o | <input type="checkbox"/> d |
| <input type="checkbox"/> ch | <input type="checkbox"/> i | <input type="checkbox"/> h | <input type="checkbox"/> t |
| <input type="checkbox"/> e | <input type="checkbox"/> w | <input type="checkbox"/> g | <input type="checkbox"/> zh |
| <input type="checkbox"/> r | <input type="checkbox"/> p | <input type="checkbox"/> f | <input type="checkbox"/> v |

My child does not say any sounds

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

- In the **Beginning** of words
 In the **Middle** of words
 At the **End** 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:

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

None

Mild

Moderate

Severe

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

Never

Sometimes

Usually

Always

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

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

15. Does your child's speech language impact their education? **Yes** **No**
If yes please explain:

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

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

I am in agreement, as the primary custodian for this child, that it is acceptable to receive services through the SLP-Assistant, who is carrying out the treatment plan as written by the Speech-Language Pathologist. I understand that the Speech- Language Pathologist will evaluate and construct the initial Plan of Care, review and sign off on each daily visit, and perform updated progress notes intermittently throughout the course of treatment.

Signature _____