Speech Language Intake

Patient Name: _____

Please describe your current speech/language concerns:

_____

_____

What are your speech/language goals for your child?

_____

_____

How does your child primarily communicate?

- ❑ Eye gaze
- ❑ Whining/crying
- ❑ Babbling (e.g., "bababa," "babadada," etc.)
- ❑ Jargon (sounds like their own language)
- ❑ Reaching towards objects
- ❑ Bringing objects to you
- ❑ Guiding you to objects
- ❑ Phrases from books/songs/videos
- ❑ Single words or word approximations
- ❑ Short phrases
- ❑ Complete Sentences
- ❑ Other: _____

Approximately how many words does your child say:

❑ 0 ❑ 1-10 ❑ 11-50 ❑ >50

How much of your child's speech do you understand *with context* (when you know what they are talking about)?

❑ Less than 50% ❑ 50-75% ❑ 75-100%

How much of your child's speech do you understand *without context*?

❑ Less than 50% ❑ 50-75% ❑ 75-100%

Does your child have a family history of:

❑ Language delay/disorder ❑ Speech delay/disorder ❑ Stutter

❑ ADHD ❑ Autism ❑ Dyslexia:

❑ Other:

Describe your child's personality:

_____

_____

What are your child's favorite toys/activities?

_____

_____

Who does your child prefer to play with?

❑ By themself ❑ Siblings/cousins ❑ Parents

❑ Friends ❑ Other:

Does your child…

Demonstrate that they understand when you announce familiar routines (e.g., "bedtime," "bath time," "snack time," etc.)?	Yes	No
Follow safety directions like "no" or "stop"?	Yes	No
Follow simple directions when you point or provide another gesture (e.g., "pick it up")?	Yes	No
Follow simple directions without help?	Yes	No
Follow more complex or two-part directions (e.g., "go to your room and get your socks.")?	Yes	No
Answer yes/no questions accurately?	Yes	No
Answer who/what/where questions accurately?	Yes	No

Does your child have any feeding difficulties (e.g., eating solid foods, won't eat certain food groups, eats <20 foods, sensory differences, etc.)?

❑ Yes   ❑ No

If yes, please describe:

_____

_____

_____

_____