



Communication Intake Form

Child's Name: _____ Date of Birth: _____

Is there a language other than English spoken in the home? Yes No

If yes, what language? _____

Does the child speak the language? Yes No

Does the child understand the language? Yes No

Who else speaks the language?

Which language does the child prefer to speak at home?

Please tell the approximate age your child achieved the following developmental milestones:

_____ babbled

_____ pointed to request objects

_____ pointed to show you something

_____ used single words meaningfully

_____ began combining words meaningfully

_____ spoke in short sentences

_____ engage in a conversation

Please check all that apply

Your child is/demonstrates:

- | | |
|--|--|
| <input type="checkbox"/> cooperative | <input type="checkbox"/> restless |
| <input type="checkbox"/> attentive | <input type="checkbox"/> poor eye contact |
| <input type="checkbox"/> willing to try new activities | <input type="checkbox"/> easily distracted/short attention |
| <input type="checkbox"/> plays alone for reasonable length of time | <input type="checkbox"/> destructive/aggressive |
| <input type="checkbox"/> separation difficulties | <input type="checkbox"/> withdrawn |
| <input type="checkbox"/> easily frustrated/impulsive | <input type="checkbox"/> inappropriate behavior |
| <input type="checkbox"/> stubborn | <input type="checkbox"/> self-abusive behavior |

Please check all that apply

Does your child...

- repeat sounds, words or phrases over and over?
- repeat dialogue from movies/songs verbatim?
- repeats questions, instead of answering them?
- depend on gestures to understand spoken speech?
- often ignores what is said to him/her?
- understand what you are saying?
- retrieve/point to common objects upon request (ball, cup, shoe)?
- follow simple directions (“Shut the door” or “Get your shoes”)?
- respond to his/her name?
- respond correctly to yes/no questions?
- respond correctly to who/what/where/when/why questions?
- ask who/what/where questions appropriately
- ask yes/no questions
- use words that are difficult to understand?
- seldom speaks unless prompted?

Please check all that apply

Your child currently communicates using...

- body language (pointing, looking, gesturing).
- sounds (vowels, grunting).
- words (shoe, doggy, up).
- sound effects?
- a language of his/her own (may sound like foreign language/jargon)?
- 2 to 4 word sentences.
- sentences longer than four words.
- other _____

Was your child’s speech development slower than you would have expected?

Yes No If yes, please describe.

Has your child ever lost skills, which at one time he/she was able to perform?

Yes No If yes, please describe.

Do you feel your child has a speech problem? Yes No

If yes, please describe.

When was the problem first noticed? By whom?

Do you feel your child has a hearing problem? Yes No

If yes, please describe.

Has he/she ever had a speech evaluation/screening? Yes No

If yes, where and when?

Has he/she ever had a hearing evaluation/screening? Yes No

If yes, where and when?

Has the child ever had speech therapy? o Yes o No

If yes, where and when?

What was he/she working on?

Is your child aware of, or frustrated by, any speech/language difficulties?

Are there any speech, language, hearing, or learning problems in your child's family?

o Yes o No If yes, please describe.

Please provide any additional information that might be helpful.

Person completing form: _____

Relationship to child: _____