

## Medical History

Has your child had any surgeries or hospitalizations? If so, please describe. \_\_\_\_\_

How is your child's overall health? \_\_\_\_\_

Are there any medications that your child is currently taking? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have frequent ear infections or allergies? \_\_\_\_\_

Has your child's hearing been checked? If so when and what were the results? \_\_\_\_\_

Does your child have any medical conditions? If so, please describe \_\_\_\_\_

## Educational History

What school does your child attend? \_\_\_\_\_

What grade is your child in? \_\_\_\_\_

What type of class is your child in? (general education, special day class, etc) \_\_\_\_\_

If your child is enrolled in special education services, has an Individualized Education Plan (IEP) been developed?  
\_\_\_\_\_

## Milestones

At what age did your child sit: \_\_\_\_\_ At what age did your child crawl: \_\_\_\_\_ At what age did your child walk: \_\_\_\_\_

At what age did your child self-feed: \_\_\_\_\_ At what age did your child become potty trained: \_\_\_\_\_

At what age did your child first babble: \_\_\_\_\_ At what age did your child say their first word: \_\_\_\_\_

At what age did your child combine 2 words: \_\_\_\_\_ At what age did your child name simple objects: \_\_\_\_\_

At what age did your child answer simple questions: \_\_\_\_\_ At what age did your child engage in conversations: \_\_\_\_\_

Has your child lost a previously acquired skill or milestone from the above? \_\_\_\_\_

Does your child have any feeding difficulties (such as problems sucking, swallowing, or chewing?) \_\_\_\_\_

Is your child on a specific diet? \_\_\_\_\_

How many words does your child know? This can be through speaking, signing, or through other communication means  
\_\_\_\_\_

What is your child's primary mode of communication? \_\_\_\_\_

Describe any other observations that you have about your child's communication means \_\_\_\_\_

Describe your concerns about your child's development \_\_\_\_\_

Describe your concerns about your child's speech and language problems \_\_\_\_\_

When were these concerns first noticed? \_\_\_\_\_

Has the problem changed since it was first noticed? \_\_\_\_\_

Is your child aware of the problem? \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

How does your child interact with others? \_\_\_\_\_

Does your child currently receive any other therapies or services? If so, please describe  
\_\_\_\_\_

Please list all prior therapies? \_\_\_\_\_