



Naples Speech Therapy

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Naples Speech Therapy

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CLIENT HISTORY – CHILD

(Please complete the form to the best of your ability and return it prior to your evaluation appointment. I will review this form with you and help you complete it during our visit with your child.)

(Please include copies of related evaluations and/or current IEP's)

Child's Name _____ Sex ___ Age ___ Birthdate _____ Today's Date _____

Mother's Name _____ Home phone _____ Cell _____

Father's Name _____ Home phone _____ Cell _____

Home Address _____

Who is filling out this questionnaire? _____ Relationship to child _____

What are your concerns regarding your child's speech and/or language?

When did you first notice the issue(s)?

Do you feel that your child's speech and/or language is different than children his or her own age? If so, how?

Who have you seen regarding these issues? (Ie, Doctor's, Psychologist, etc., Include name, address and telephone number)

Has your child ever received a speech language evaluation? When?
How has this issue changed since you first noticed it?

What has been done about it?

What has helped/not helped the issue?

What do you think was the cause?

How does the issue effect your child?

Family Information

Language(s) spoken in the home _____

Father's occupation _____ Mother's occupation _____

Level of Education: Father _____ Mother _____

Siblings: Names & Ages _____

Are there any family members or relatives who have or had received any kind of Special Education Services?

Are there any family members or relatives who have or had any speech, language, or hearing issues or therapy?

Pregnancy, Birth History and Early Development

Is this your biological child? _____

During pregnancy with this child, did mother have any illnesses? If so, what?

Take Medications? _____ If so, explain:

Was labor at all problematic? If so, explain:

Was the child's birth at all problematic? If so, explain:

Type of Delivery: Vaginal _____ Caesarian _____ If yes, reason:

Did your child have any trouble breathing after birth? _____ Was the child kept in an incubator? _____ If so, explain

Was feeding a problem? If so explain

Bottle fed? _____ Breast fed? _____ Age weaned from breast? _____
Weaned from bottle? _____

Age drank independently from an open cup__finger fed self_____

Is your child able to eat with a spoon and fork? _____ Does your child have any problems eating now? _____

Is he/she a picky eater? _____ If yes, please explain

Does your child eat: Pureed foods? _____ Yogurt/Pudding _____
Crunchy foods? _____ Cookies/Pretzels _____

Was your child very active as a baby? _____ When did your child first learn to:
Crawl? _____ Sit alone? _____ Feed self? _____
Dress self? _____ Walk independently? _____

How well does your child: Walk? _____ Run? _____
Throw a ball? _____

If your child has difficulties with any of the above or any other motor activities, please explain:

Is your child toilet trained? _____ If so, what age? _____ Does your child wet the bed now? _____ How often? _____

What hand does your child use to: eat? _____ Draw? _____ Write? _____
Throw? _____

How would you describe your child's current physical development?

Medical History

Pediatrician's name, address, and telephone number:

Has your child ever been hospitalized? Age and reason:

Has your child ever had any serious illnesses or accidents? Explain

Has your child ever fainted? Had seizures?

Does your child have problems hearing? _____ Ear Infections? _____

If so, how many? _____ Last hearing exam date and results: _____

_____ Has your child had middle ear tubes inserted? _____

If so, when? _____

Did your child have his/her tonsils/adenoids removed? If so, when?: _____

Does your child have any problems seeing? _____ Wear glasses? _____

Does your child have any trouble sleeping at night? _____ Waking up in the morning? _____
_____ Explain:

Does your child have allergies or asthma?

What medications if any is your child on?

Is your child presently being treated by a pediatrician? _____ ENT? _____

Psychologist? _____ Therapist? _____ Neurologist? _____

Physical Therapist? _____ Occupational Therapist? _____

Any other pertinent medical history?

Speech History

Was your child very quiet as a baby? _____ Did he/she coo? _____

Babble? _____ Did your child cry excessively as a baby? _____

When did your child speak single words (other than "mama" or "dada"):

What were your child's first few words?

Approximately how many words did your child have at around 18 months?

When did your child begin to combine words (two words)?

Does your child use speech consistently to communicate? Frequently? Occasionally?
Never?

Does your child use gestures to communicate?

How does your child primarily communicate? Explain

Does your child get frustrated by his/her difficulty or inability to communicate?

Does your child speak in complete sentences?

If your child talks now, can you understand? Can family members? Can strangers?

Do you think your child stutters or stammers? If not, describe how he/she speaks

Does your child answer questions?

Does your child follow directions?

Reading and Writing (if age appropriate please complete)

Has your child had any problems learning to read? _____

Learning to write? _____

Explain:

Do you/Did you read to your child? _____ Does/did your child enjoy being read
to? _____ What does your child enjoy reading? _____

_____ Dislike reading? _____

Does your child know the alphabet? _____ Does your child have difficulty learning/using new words? _____ Explain:

Does your child have difficulty learning/retaining new information _____ Explain:

Can your child write well for his/her age? _____

Math

Has your child had difficulty learning math? _____ If so, explain:

Does your child like/dislike math? _____ Explain:

Cognitive Development

Which toys did your child play with as at age 12 – 18 months?

At age 24 – 36 months?

Does your child play with any toys now? If so, what?

Does your child seem to learn quickly? _____ Slowly? _____ Is he/she an average learner? _____

How would you describe your child as the best way he/she learns/studies?

Does your child have difficulty solving everyday problems? _____

Provide an example if possible:

Reasoning? _____ If so, explain:

Does your child have difficulty following multi-step directions? _____

Educational History

Where does your child attend school? _____

What grade does your child attend? _____

Has your child had any problems in school?

Making friends?

Has your child's teachers had any complaints about your child's behavior, learning, or social development?_____If so, explain:

Has your child worked with tutors_____With resource teachers?_____
Has this helped?_____Explain:

Does your child receive any Special Education Services?_____Please Specify:
Describe any behaviors that you feel are of concern:

What are your child's strengths?

What does your child like to do in his/her spare time?

Do you feel your child is a happy child?

Please state any additional information or comments you feel would helpful to me in evaluating your child's speech/language behavior:

