



Wonderfully Made Speech and Language, LLC

Intake Form: Child

Contact Information

Child's Name: _____
 Last First M.I.

Address: _____
 Street Address Apartment#

City State ZIP Code

Home Phone: () Cell Phone: ()

E-mail Address: _____

Parents' Names: _____

Siblings? (age and gender) _____

Birth Date: _____ Concerns: _____

Medical Diagnosis: _____ Received therapy in the past? _____

Health History/Development

Primary Language: _____ Birth History (list any problems) _____

Describe any significant health problems you feel might be affecting your child's communication abilities.

Multiple Ear Infections? _____ Tubes Placed? _____ Date _____ Head Trauma? _____

Any Delays in the areas of: _____
 Sitting Up Crawling Walking Talking Toileting Dressing Self

Can other adults understand your child's speech? _____

Can your child express complete thoughts when speaking? _____

List your child's strengths: _____

Education

Grade: _____ School: _____

Has your child been retained? _____ Has your child been served through special programs (describe)? _____