Convey Speech
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Identifying and Family Information:

Child's Name: _____ Birthdate: _____

Child's race/ethnic group:

☐ Caucasian ☐ Non-Hispanic ☐ Hispanic
☐ African-American
☐ Native American ☐ Asian or Pacific Islander ☐ Other:_____

Speech-Language-Hearing:

Is there a language other than English spoken in the home? ☐ Yes ☐ No
If yes, which one?_____
Does the child speak the language? ☐ Yes ☐ No
Does the child understand the language? ☐ Yes ☐ No
Who speaks the language? _____
Which language does the child prefer to speak at home? _____

Do you feel your child has a speech problem? ☐ Yes ☐ No
If yes, pleased describe
_____

When did you become concerned about your child's communication?_____

Do you feel your child has a hearing problem? ☐ Yes ☐ No
If yes, please describe
_____

Has your child ever had a speech evaluation/screening? ☐ Yes ☐ No
If yes, when and where?
_____

What were you told?
_____

Has your child ever had speech therapy? ☐ Yes ☐ No
If yes, when and where?_____

What were their conclusions/ suggestions
_____

Has your child received any other evaluation or therapy (physical therapy, counseling, occupational, behavioral, etc.)? ☐ Yes ☐ No
If yes, please describe
_____

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

_____

_____

What do you see as your child's most difficult problem in the home

_____

_____

What percentage of your child's words do you understand?

☐ 0 - 25% ☐ 26 – 50% ☐ 51 - 75% ☐ 76 – 90? ☐ 91 – 100%

What percentage of your child's words is understood by unfamiliar listeners?

☐ 0 - 25% ☐ 26 – 50% ☐ 51 - 75% ☐ 76 – 90? ☐ 91 – 100%

Does your child…

☐ Repeat sounds, words or phrases over and over?
☐ 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 correctly to yes/no questions?
☐ Respond correctly to who/what/where/when/why questions?

Your child currently communicates using…

☐ Body language/gestures
☐ Sounds (vowels, grunting)
☐ Single words (shoe, doggy, up)
☐ 2 to 4 word sentences (more cookies)
☐ Sentences longer than four words
☐ Other_____

Behavioral Characteristics:

☐ Cooperative
☐ Willing to try new activities
☐ Easily distracted/short attention
☐ Plays alone for reasonable length of time
☐ Separation difficulties
☐ Easily frustrated/impulsive
☐ Stubborn
☐ Other concerning behavior_____

☐ Restless
☐ Poor eye contact
☐ Attentive
☐ Destructive/aggressive
☐ Withdrawn
☐ Inappropriate behavior
☐ Self-abusive behavior

Birth History:

Was there anything unusual about the pregnancy or birth? ☐ Yes ☐ No

If yes, please describe

_____

How old was the mother when the child was born?_____

Was the mother sick during the pregnancy? ☐ Yes ☐ No

If yes, please describe

_____

Did the child go home with his/her mother from the hospital? ☐ Yes ☐ No
If child stayed at the hospital, please describe why and how long

_____

Are there any speech, language, developmental delays, learning disabilities, Autism Spectrum Disorders (ASD) or hearing problems in your family? ☐ Yes ☐ No

If yes, please describe

_____

Developmental History:

Please tell the approximate age your child achieved the following developmental milestones (years/months):

☐ sat alone
☐ put two words together
☐ toilet trained
☐ grasped crayon/pencil
☐ spoke in short sentences
☐ named simple objects
☐ babbled ☐ said first words
☐ walked
☐ used simple questions

If you feel these milestones were achieved within normal limits check here ☐

Does your child have difficulty…

☐ Swallowing ☐ Drinking ☐ Chewing ☐ Blowing ☐ Drooling

Medical History:

Has your child had any of the following?

☐ Adenoidectomy
☐ Head injury
☐ Allergies
☐ Encephalitis
☐ Mumps
☐ Vision problems
☐ Flu
☐ Sinusitis
☐ Colds
☐ Meningitis
☐ Tonsillitis
☐ Seizures
☐ High fevers
☐ Measles
☐ Tonsillectomy
☐ Ear tubes
☐ Sleeping difficulties
☐ Breathing difficulties
☐ mb/finger sucking
☐ Ear infections
☐ Scarlet fever

How often? _____
When? _____
How many? _____

Other serious injury/surgery:_____

Is your child currently (or recently) under a physician's care? ☐ Yes ☐ No

For what condition(s): _____

Please list any medications your child takes regularly?

_____

School History:

If your child is in school, please answer the following:

Name of school and grade in school: _____
Teacher's Name: _____
What are your child's strengths and/or best subjects in school?_____

_____

Has your child repeated a grade? ☐ Yes ☐ No If so, which grade?_____

Has your child had a Student Study Team (SST) meeting? ☐ Yes ☐ No
If so, what were the recommendations? _____

_____

Has your child had an Individualized Education Plan (IEP) meeting? ☐ Yes ☐ No
If so, what was the outcome?

_____

What do you see as your child's biggest difficulty in school?

_____

How does your child socialize/play with his/her peers?

_____

Does your child engage in conversations with peers? Adults?

_____

Please list your child's favorite toys and activities:

_____

What are your child's relative strengths? (e.g. talking, physical ability, relating with others, having an even temperament, building things, adapting to change, trying hard, etc.)

_____

_____

_____

_____

Parent Concerns/Comments:

What specific questions, concerns, or issues would you like us to consider during the assessment?

_____

_____

_____

_____

Are there any behavioral concerns?

_____

_____

_____

Please provide 5-10 examples of your child's verbal or nonverbal communication:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Other information you would like us to be aware of:

_____

_____

_____

Completed by: _____ Date: _____

Relationship to client: _____

* * Excerpts of the Health and Developmental History from Super Duper Publications 2004