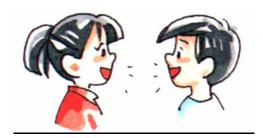
Child's Name



SPEECH-LANGUAGE

History:

	Yes	No
Did your child pass the newborn hearing screening test?		
Has your child's hearing been checked since newborn test?		
Did your child "babble" as an infant?		
Did/Does your child have chronic ear infections?		
Does it appear that your child can hear what you are saying?		
Does your child ask for help if he/she can't reach something?		
Does your child respond when you call his/her name?		
Can your child imitate sounds and/or words?		

Does your child follow directions and respond to 1 step commands (ex "Come here")? Yes No Comments
How does your child communicate wants/needs/ideas (gestures, single words, sentences)?
Do you have any concerns with your child's sound production (child has very few sounds, is difficult to understand, stutters, or uses his/her own language)? Yes No Comments
Confinents
What does your child do if he/she is not understood by others?
Does your child use eye contact and gestures when needing assistance or attempting to communicate frustrations? Yes No Comments
How many words does your child have? 0-5 5-10 10-20 20-40 50+
Is there a family history of speech delays/disorders? What are your goals/expectations from speech treatment?