EASTSIDE READING & LANGUAGE THERAPY, LLC.

Today's Date _____

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Grade:_____ School:_____

Reason for seeking this evaluation/treatment _____

Referred by: _____

Person completing the form: _____

Relationship to the child: _____

Parent/Guardian's Name: _____ Relationship to child_____
Home Address:_____

City, State, Zip: _____

Phone:_____ ☐Cell ☐Home ☐Work ☐Other

Email:_____

Parent/Guardian's Name: _____Relationship to child_____
Home Address:_____

City, State, Zip: _____

Phone:_____ ☐Cell ☐Home ☐Work ☐Other

Email:_____

Emergency Contact Name: _____ Relationship to child_____

Emergency Contact Phone Number _____

Child's Physician: _____

Physician's Phone: _____

Physician's Address: _____

Please describe your concerns about your child.

_____

_____

_____

Family Background

Does your child have siblings or are there other children in the home?

Name: _____Age: _____ Name: _____Age: _____

Name: _____Age: _____ Name: _____Age: _____

Language(s) spoken in the home: _____

If more than one language, who speaks the other language(s)? _____

Describe your child's use/understanding of the language(s):

_____

_____

Is there any history of dyslexia, learning disabilities, speech and language delays, and/or ADHD in the immediate or extended family? If yes, please describe:

_____

_____

Is there anything additional you would like to share about the family / home environment?

_____

_____

Health History

Prenatal Health History:

Were there any infections, illnesses, or other complications during pregnancy? ☐Yes ☐No

Describe: _____

List any medications or drugs (including alcohol) taken during pregnancy:

_____

Child's Medical History:

At how many weeks gestation was your child born? _____ weeks (40 weeks is typical)

Your child was _____ lbs ____oz and _____ inches at birth.

Were there any complications or concerns during labor or delivery? If yes, please describe:

_____

_____

General impression of your child's gross motor development. (e.g., Sitting up, crawling, walking, self-fed)

☐Early ☐Expected Time ☐Delayed

If delayed, please describe:_____

_____

General impression of your child's fine motor development. (e.g., grasping small objects, pencil grip, handwriting)

☐Early ☐Expected Time ☐Delayed

If delayed, please describe:_____

_____

General impression of your child's spoken language development. (e.g., First word, two word combinations, sentences)

☐Early ☐Expected Time ☐Delayed

If delayed, please describe: _____

_____

What percentage of your child's speech do you understand? _____%

What percentage of your child's speech do people outside the family understand?_____%

If less than 95%, please describe the errors that are impacting your child's intelligibility: (e.g., "wike" for "like")_____

Has your child's hearing been evaluated? ☐Yes ☐No If yes, please indicate test dates and results:_____

Does your child have a history of ear infections, PE tubes, etc. or use hearing aids? ☐Yes ☐No

If yes, please describe:_____

Has your child's vision been recently evaluated? ☐Yes ☐No If yes, please indicate test dates and results: _____

Has your child participated in any formal testing or therapy with a speech-language pathologist, psychologist, occupational therapist, physical therapist, and/or learning specialist? ☐Yes ☐No

If yes, please describe who conducted the testing/therapy, when the testing/therapy occurred, and the results:_____

_____

_____

_____

Is your child currently on any medications? ☐Yes ☐No If yes, please list medication name and reason for medication:

Medication 1: _____

Medication 2: _____

Medication 3: _____

Medication 4: _____

Does your child have any known allergies? ☐Yes ☐No

Describe: _____

Is your child up to date with immunizations: ☐Yes ☐No

_____

Check and describe all that apply:

☐Anxiety/stress	☐Asthma	☐Autism
☐Asperger's Syndrome	☐Behavior Issues	☐Brain injury
☐Breathing problems	☐Cardiac issues	☐Diabetes
☐Eczema	☐Enlarged Tonsils/Adenoids	☐Frequent colds
☐OCD	☐Seizures	☐Sensory issues
☐Sleep issues	☐Tongue tie	☐Oral Habits (e.g., finger or shirt sucking)

Please describe:

_____

Are there any other health concerns?

_____

_____

Educational History

Is your child currently enrolled in school? ☐Yes ☐No

School History (List most recent first)

Year/Grade	School Name	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have an IEP, IFSP, 504B plan or receive any additional services at school? ☐Yes ☐No

If yes, please describe: _____

_____

Does your child receive tutoring? ☐Yes ☐No

If yes, please indicate the subject, for how long, and the tutor's/company's name.

_____

_____

What concerns, if any, have been expressed by your child's teachers, school specialist, or tutor?

_____

_____

What is your child's strongest subject in school?

_____

What is your child's weakest subject in school?

_____

What is your child's favorite subject or part of the school day?

_____

What is your child's attitude towards school?

_____

_____

What kind of environment, feedback, and/or activities have you noticed help/motivate your child to learn? What is de-motivating?

_____

_____

_____

Please indicate any areas of difficulty that your child currently has or has had in the past. ***

Speech Sound Awareness	
☐	doesn't understand and enjoy rhymes
☐	doesn't easily recognize that words may begin with the same sound
☐	has difficulty counting the syllables in spoken words
☐	has difficulty clapping hands or tapping feet in rhythm with songs and/or rhymes
☐	demonstrates problems learning sound-letter correspondences

Word Retrieval	
☐	has difficulty retrieving a specific word (e.g., calls a sheep a "goat" or says "you know a wooly animal")
☐	shows poor memory for classmates' names
☐	speech is hesitant, filled with pauses or vocalizations (e.g., "um" "you know")
☐	frequently uses words lacking specificity (e.g., "stuff," or "thing,")
☐	has problems remembering/retrieving verbal sequences (e.g., days of the week alphabet)

Verbal Memory	
☐	has difficulty remembering instructions or directions
☐	shows problems learning names of people or places
☐	has difficulty remembering the words to songs or poems
☐	has problems learning a second language

Speech Productions/Perception	
☐	has problems saying common words with difficult sound patterns (e.g., animal, cinnamon, specific)
☐	mishears and subsequently mispronounces words or names
☐	confuses a similar sounding word with another word (e.g., saying "The Entire State Building is in New York.")
☐	combines sound patterns of similar words (e.g., saying "escavator" for escalator)

☐	shows frequent slips of the tongue (e.g., saying “brue blush” for blue brush
☐	has difficulty with tongue twisters (e.g., she sells seashells)

Comprehension	
☐	Difficulty completing all parts of a multi-step direction or request
☐	requests multiple repetitions of instructions/directions with little improvement in comprehension
☐	has difficulty understanding questions
☐	difficulty with listening comprehension of age appropriate material
☐	difficulty with reading comprehension of age appropriate material
☐	has difficulty making inferences, predicting outcomes, drawing conclusions
☐	lacks understanding of spatial terms such as left-right, front-back

Expressive Language	
☐	talks in short sentences
☐	makes errors in grammar (e.g., “he goed to the store” or “me want that”
☐	lacks variety in vocabulary (e.g., uses “good” to mean happy, kind, polite)
☐	has difficulty giving directions or explanations (e.g., may show multiple revisions or dead ends)
☐	relates stories or events in a disorganized or incomplete manner
☐	may have much to say, but provides little specific detail
☐	has difficulties with the rules of conversation, such as turn taking, staying on topic, indicating when he/she does not understand

Additional domains	
☐	difficulty with math facts
☐	difficulty with math word problems
☐	difficulty with handwriting
☐	difficulty with spelling
☐	poor studying habits or difficulty completing homework
☐	lacks interest in reading and shared reading activities

**** This checklist was prepared by Hugh W. Catts, University of Kansas. Some descriptors have been taken from Language for Learning; A Checklist for Language Difficulties, Melbourne, Australia; OZ Child and others have been changed to suit the purpose of this form.*

Please describe any other difficulties not mentioned above:

_____

_____

_____

_____

_____

Outside of academics, what are your child's strengths?

_____

_____

_____

_____

What are your child's interests/activities/hobbies? _____

_____

_____

_____

What are your goals for your child over the next 6 months? _____

_____

_____

_____

What are your goals for your child over the next 5 years?

_____

_____

_____

Is there anything else that is important for us to know about your child?

_____

_____

_____

Thank you for completing this form.