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## Speech-Language History

**Child's Name:** \_\_\_\_\_  
**Child's Date of Birth:** \_\_\_\_\_  
**Child's Current School:** \_\_\_\_\_  
**Child's Grade in School:** \_\_\_\_\_  
**Parent(s) Name:** \_\_\_\_\_  
**Parent(s) Occupations:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Cell phone:** \_\_\_\_\_  
**E-mail address:** \_\_\_\_\_  
**Referred by:** \_\_\_\_\_  
**Pediatrician's** \_\_\_\_\_  
**Name and Address:** \_\_\_\_\_  
\_\_\_\_\_

**Your Specific Concerns/Reason(s) for this visit:**

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**Birth History:**

Any difficulties at birth or right after birth? \_\_\_\_\_

History of high fevers? \_\_\_\_\_, convulsions? \_\_\_\_\_  
accidents? \_\_\_\_\_

surgery? \_\_\_\_\_

frequent or chronic ear infections? \_\_\_\_\_

sore throats? \_\_\_\_\_, allergies (foods, etc.) \_\_\_\_\_

Does your child regularly take medication? \_\_\_\_\_

If so, please indicate type of medication and reason for medication:

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Is your child on a special diet? Please specify. \_\_\_\_\_

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**Developmental History:**

Did your child babble as an infant? \_\_\_\_\_

Age of first words \_\_\_\_\_, 2 word combinations \_\_\_\_\_

Short sentences \_\_\_\_\_

Do you have any concerns about how your child understands  
language skills (i.e. following directions, answering  
questions)? If yes, please explain \_\_\_\_\_

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Does/Did your child have a history of chewing, sucking, or  
swallowing difficulties? \_\_\_\_\_

Age your child sat unsupported \_\_\_\_\_, crawled \_\_\_\_\_  
walk independently \_\_\_\_\_, completed toilet  
training \_\_\_\_\_

How much of your child's speech can you understand?

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How much can other members of your family understand your child?

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Do strangers have difficulty understanding your child? \_\_\_\_\_

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Do your child's teachers have difficulty understanding your child?

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How is your child doing at school (if applicable) academically and socially? \_\_\_\_\_

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Does your child generally follow directions that are not daily routines at home? \_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

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What are some things that your child likes to play with?

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Overall, how would you describe your child (i.e. happy, nervous, sense of humor, etc). \_\_\_\_\_

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If your child does not speak, what method of communication does he use to express his want and explain how they do so (i.e. gestures, signs, pictures, picture boards, etc.)?

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**Family History:**

Names and ages of child's siblings \_\_\_\_\_

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Any pets at home? If so, name and type. \_\_\_\_\_

Is there any history of speech/language or learning difficulties in your family? If yes, please explain. \_\_\_\_\_

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What language(s) are spoken your home? \_\_\_\_\_

Does your child understand the language(s)? Explain \_\_\_\_\_

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Does your child speak other languages or single words from other language?

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**Evaluation History:**

Has your child been seen for a speech/language, learning, psychological or neurological evaluation? \_\_\_\_\_. If yes, please explain reason for and results of evaluation.

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Does your child have a diagnosis? Explain \_\_\_\_\_

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Has your child received speech therapy in the past? \_\_\_\_\_  
If yes, please indicate approximate dates of therapy and the type of therapy provided.

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If your child is/was receiving speech/language therapy, what type(s) of techniques/strategies were used (i.e. oral motor, Floortime, signing, augmentative)? \_\_\_\_\_

Has your child received a hearing evaluation? When, where, and what were the results?

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What would you say that your child's greatest area(s) of difficulty? Give 1-2 examples of the impact. \_\_\_\_\_

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What are your goals for your child? \_\_\_\_\_

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Any additional information that you consider important:

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During the evaluation (and therapy sessions, if applicable), would you give your permission for me to audiotape/videotape for the strict purpose for writing up your child's reports and documenting progress/plans?

Please circle one:            Yes            No

If you are providing other reports/evaluations/IEP's/progress reports, etc. to me and I am writing a formal evaluation for your child, then you are allowing me to use and refer to those reports/evaluations in my written evaluation.

Please circle one:        Yes        No

Please know that all the information you have provided in this form will be kept confidential and will only be used for evaluative and therapeutic purposes.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date