



Bend Your Brain, Inc.
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Social Learning Speech-Language History Parent Questionnaire

THIS QUESTIONNAIRE MUST BE SENT BACK TO ME BEFORE THE ASSESSMENT MEETING OR THE ASSESSMENT WILL BE RESCHEDULED.

Child's Name: _____
Child's Date of Birth: _____
Age: _____
Child's Current School: _____
Child's Grade in School: _____
Parent(s) Name: _____
Parent(s) Occupations: _____
Address: _____

Telephone: _____
Cell phone: _____
E-mail address: _____
Referred by: _____

Your Specific Concerns/Reason(s):

Birth History:

Does your child have a specific diagnosis/diagnoses?

_____ At what age? _____
_____ At what age? _____
_____ At what age? _____
_____ At what age? _____

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: _____

Is your child on a special diet? Please specify. _____

Developmental History:

Did your child babble as an infant? _____
Age of first words _____ Two 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: _____

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

Age your child sat unsupported _____ crawled _____
walked independently _____ completed toilet training _____

If applicable, how much of your child's speech can you understand?

If applicable, can other members of your family, strangers, teachers understand your child?

Is your child's speech difficulty (sounds production) interfering with his/her ability to socialize/interact/talk with others? _____

How is your child doing at school academically? _____

How is your child doing socially in school? Does he/she have friends?

Does your child show understanding of the feelings of others?

Does your child show understanding of the body language and facial cues of others?

What are some social strengths and weaknesses of your child?

Describe some specific social difficulties experienced by your child.

What are your child's interests? _____

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

How would peers describe your child? _____

How do you think your child would describe himself? _____

How do you feel his school program is addressing/not addressing your child's areas of need?

Family History:

Names and ages of child's siblings _____

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 _____

What language(s) are spoken your home? _____

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.

Is your child under the care of another professional (i.e. psychologist/ psychiatrist/counselor)?
Please specify and reason why.

Has your child received speech therapy in the past? _____
If yes, please indicate approximate dates of therapy, the type of therapy provided, and why
therapy was/is needed.

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

What are your goals for your child?

Any additional information that you consider important:

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

Please circle one: Yes No _____ Initials

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.

_____ Initials

Should your child become part of a social learning group, there probably will be times that I will
need to contact you and the parents as a group via emails. You are giving me permission to send
a group email (with no personal health/diagnosis information about your child contained in
these emails).

_____ Initials

Should your child become part of the social learning groups, if you ever have any questions or concerns or not understand our post-session discussions, please call me right away.

_____ Initials

Should your child become part of a social learning group, you approve of a parent group discussion at the end of the session-that would involve talking about what happened during the session and what your child said/did with other parents present.

_____ Initials

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

Please send this questionnaire back to me before the assessment or else the assessment will have to be rescheduled. Any questions, please feel free to call me.

Thank you,
Alana Fichtelberg

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