

Adams Wells Special Services Cooperative
Speech/Language Developmental History
Confidential

IDENTIFYING INFORMATION

Child's name: _____ Age: _____ Sex: M F
Address: _____ Birth date: _____
_____ Phone #: _____

FAMILY INFORMATION

Mother's Name: _____ Occupation: _____
Address: _____ Work Phone: () _____
(if different from child's)
Home Phone: _____ Email: _____

Father's Name: _____ Occupation: _____
Address: _____ Work Phone: () _____
(if different from child's)
Home Phone: _____ Email: _____

Please list children and adults who live in the student's home:

NAME	AGE	RELATIONSHIP

SPEECH, LANGUAGE AND LEARNING INFORMATION

- Please describe your concern about your child's speech or learning abilities.

- Are there situations in which your child has particular difficulty?
 Yes No If yes, please describe: _____

- Is your child bilingual? Yes No Other Language: _____
What is the primary language used at home? _____
- Does your child have difficulty producing specific speech sounds? Yes No
If yes, which ones: _____

5. How has your child's language-learning difficulties affected the following?

Social interactions with peers: _____

Willingness to talk to others: _____

Participation in the classroom: _____

Academic success: _____

6. Has your child's hearing been tested? Yes No

If yes, please provide date and result of testing: _____

7. Please describe your child's strengths. _____

8. Is there anything else you feel we should know about your child? _____

MEDICAL AND DEVELOPMENTAL HISTORY

1. Does your child have any health concerns or problems?

2. Was your child late in developing any developmental milestones (such as sitting up, walking, first word, talking in sentences) YES NO

If yes, which milestones were developed later than expected: _____

3. Has your child had any ear infections? Yes No

If yes, # of ear infections _____ were tubes used to drain fluid? Yes No

SOCIAL HISTORY

1. What opportunities does your child have to play with children of his/her age?

2. What play activities does your child enjoy?

3. Does she/he play primarily _____ alone? **or** _____ with other children?

4. Do you have concerns about your child's behavior? Yes No If yes, please explain:

