

Common Ground Speech Therapy, LLC
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Child Intake Form / History

Client Name: _____ Today's Date _____
Nickname: _____
Date of Birth: _____ Age: _____ Male Female
Diagnosis (if known): _____
Parent(s) / Guardians: _____
Address: _____
City, State, Zip: _____
Phone #1: _____ Cell Home Work Other
Phone #2: _____ Cell Home Work Other
Email #1: _____ Email #2: _____

Resident School District: _____
Child's School-Based SLP: _____

Does your child have a CURRENT IEP for school-based speech/language services? _____yes _____no

If yes, **please provide a copy of your child's speech/language IEP**. Scan and email or send USPS.

Other school professionals involved in your child's academic success: _____

Medical professionals involved in your child's care: _____

How did you hear about Common Ground Speech Therapy, LLC?

If you were referred, then by whom? _____

Family Background

Parent 1 Name: _____

Occupation: _____

Parent 2 Name: _____

Occupation: _____ Education Level: _____

Marital Status: Single Married Divorced Separated Widowed

What adults does the child live with? Check all that apply:

- Birth Parent(s) Adoptive Parent(s) Foster Parent(s)
 Grandparent(s) Both Parents Parent 1 Only
 Parent 2 Only Other: _____

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

Child 1 Name: _____ Age: ___ Sex: ___ Speech Issues: _____
Child 2 Name: _____ Age: ___ Sex: ___ Speech Issues: _____
Child 3 Name: _____ Age: ___ Sex: ___ Speech Issues: _____
Child 4 Name: _____ Age: ___ Sex: ___ Speech Issues: _____
Child 5 Name: _____ Age: ___ Sex: ___ Speech Issues: _____

Language(s) spoken in the home: _____
Who speaks the other language(s)? _____

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

How do the child's communication difficulties impact the family? _____

If anyone else in the family has a speech or language diagnosis, please describe it: _____

Medical History

Describe any pertinent information about the child's medical history (surgeries, diagnoses, etc.):

Does the child have a history of ear infections, tubes, etc. or use hearing aides?

- Yes No

Describe: _____

Does the child have any known hearing loss? Yes No

Describe: _____

Does the child need corrective lenses for optimal vision? _____

Describe the child's current health status: _____

Developmental History

At what age did the child do the following:

Sit alone: _____ Crawl: _____

Stood Up: _____ Walk: _____

Made Sounds: _____ First Word: _____

Combined Words: _____ Sentences: _____

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

How well do people outside of the family understand their speech? _____%

Please describe any educational difficulties or learning challenges that this child has faced: _____

Social History

Describe how the child interacts with parents, siblings, or other family members:

Please describe the communication difficulties the child faces in the home environment: _____

What are the child's strengths? _____

What are the child's favorite activities? _____

Does the child participate in any community activities (ex. play groups, sports, etc.) and how is their communication / behavior? _____

Does the child become easily frustrated with certain activities? If so, please explain: _____

Describe how the child interacts with other children: _____

What are your goals for the child over the summer? _____

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

Person filling out the form: _____
Relationship to the child: _____

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