

Speech and Language Intake Form

Describe your child's speech/language problem in your own words:

At what age was this problem first noticed? _____

Who first noticed the problem? _____

How has the problem changed since that time? _____

Does your child use speech? Occasionally Never Frequently

What is the current communication style(s) used by your child? Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Non-word Vocalizations | <input type="checkbox"/> Word Combinations |
| <input type="checkbox"/> Single Words | <input type="checkbox"/> Full Sentences |
| <input type="checkbox"/> Words and Gestures | <input type="checkbox"/> Gestures and/or Pointing Only |
| <input type="checkbox"/> Short Phrases | |

Estimate size of expressive vocabulary (number of words child spontaneously uses): _____

Is correct word order used in sentences/phrases? YesNo

Do you have difficulty understanding your child? YesNo

Do other people have difficulty understanding your child? YesNo

Does your child feel frustrated by an inability to communicate? YesNo

Do you think your child stutters? YesNo

How well does your child understand what is being said to him/her (ability to follow directions and understand meaning of words)? _____

Has your child had any problems learning to read? YesNo

Learning to write? YesNo

If yes, please explain: _____