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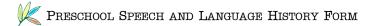
PRESCHOOL SPEECH AND LANGUAGE HISTORY FORM

General Patient Information

Patient Name:	Date of Birth:	Date of Birth:			
Pediatrician: Date Last Seen		oy Pediatrician:			
Other specialists who have worked with this chi	ld:				
Primary concerns or reasons for seeking se	rvices:				
Health & Developmental History					
Length of pregnancy:	Child's birth weight:	 			
Any illnesses, injuries, or complications during t	he pregnancy/delivery?	□ yes	□ no		
Were there any concerns following the child's b	irth?	□ yes	□ no		
Has this child had any serious illnesses or injuri	es?	□ yes	□ no		
Describe:					
Is the child taking any medications?		□ yes	□ no		
Details:					
Has hearing been tested? □ yes □ no	Results:				
Has vision been tested? □ yes □ no	Results:				
Has this child had repeat ear infections?		□ yes	□ no		
If P.E. tubes were ever placed, by whom and whom	hen:	1 . 1 . 1			
Is there a family history of speech, language, or	learning problems?	□ yes	□ no		
If yes, explain:					
Does this child have a history of problems with	chewing, feeding, swallowing, or drooling?	□ yes	□ no		
Has this child been given any previous diagnosi	is?	□ Ves	□ no		

□ yes

□ no



Has the child received previous speech and language therapy?

Developmental Milestones

Please note at what age this child first:				
Sat alone	Spoke first word			
Crawled	Was toilet trained			
Walked				
Health or Developmental Concerns				
□ Behavior	□ Gross motor skills (walking, sitting, jumping)			
□ Attention/concentration	□ Fine motor skills (drawing, writing, object manipulation)			
□ Social interactions	□ Balance/coordination			
□ Eye contact	□ Physical health			
□ Self-help skills	□ Hearing			
□ Play skills	□ Vision			
□ School achievement	□ Diet/eating			
□ Interest in a variety of activities	Other:			
Additional information:				
Educational/Academic				
Does your child currently attend school?	□ yes □ no			
Name of school:				
At what age did your child first start attending school? _				
Have there been any concerns as noted by teachers? □ yes □ no				
If yes, please explain:	-			
- 	 			
Speech and Language History				
What prompted your concerns regarding this child's spe-	ech and/or language development?			
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What languages are spoken in the home?			
If your child is learning more than one language, does to Please describe:		□ yes	□ no
Receptive Language/Comprehension			
Do you have concerns about your child's ability to understa	and what others are saying to him/her?	□ yes	□ no
Your child is able to (please check all that apply):			
□ follow single step directions	□ identify body parts		
□ follow two-step directions	□ identify colors		
□ follow routine directions	□ point to objects in books		
□ follow new/unfamiliar directions			
Expressive Language			
Please note at what age this child first: Babbled	Llood longer phrases/sentences		
	Used longer phrases/sentences		
Used single words	Named simple objects		
Put two words together	Used simple questions		
How does your child communicate wants and needs?			
□ gestures □ sign language □ single spoken wo	ords short spoken phrases spo	ken ser	tences
Play Development			
Does your child play with a variety of toys?		□ yes	□ no
Does your child make sound effects when playing?		□ yes	□ no
Does your child play alongside other children?		□ yes	□ no
Does your child engage in joint activities with other child	dren?	□ yes	□ no
Does your child engage in pretend play?		□ yes	□ no
What are your child's preferred activities?			

Articulation/Pronunciation

How much of this child's speech is understood by:		<u>All</u>	Most	<u>Some</u>	<u>None</u>	
	Mom					
	Dad					
	Siblings					
	Extended family					
	Unfamiliar adults					
Does this child experience frustration when not underst	ood by others?	□ yes	□ no			
Observations:						
Are there specific articulation/pronunciation errors that concern you? Describe:						
Is there anything else you would like me to know?						



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