

## Speech and Language Group Information Form

### Family Information

Name of child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Siblings/ages \_\_\_\_\_ Date \_\_\_\_\_

Person completing form \_\_\_\_\_ Relationship to child \_\_\_\_\_ Languages spoken at home \_\_\_\_\_

Name of persons living in the home \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Days of the Week and Times that work best for you \_\_\_\_\_

### Background Information

- Is s/he currently on medication? no yes List: \_\_\_\_\_
- Does your child have any allergies? no yes List: \_\_\_\_\_
- My child's language developed... early at a typical time later than average
- Has your child had speech/language therapy? Explain below
- Has your child had previous group experience (e.g. child care, early intervention, play group)? Explain below
- Comment briefly on how your child plays/socializes with other children.

### Explanations:

### Hearing Status:

Does your child. . .

- Seem to be sensitive to loud sounds? no yes
- Seem to get distracted easily by sounds? no yes
- Have a history of ear infections? no yes

If so, how many/how often? \_\_\_\_\_ When was most recent? \_\_\_\_\_

- Has your child had a hearing test? If yes, when, and results \_\_\_\_\_

### Understanding Language:

- When you talk to your child, how much does he or she understand? (Check one):  
 a few words      simple directions      many words and phrases      almost everything I say

Write examples if you wish:

- How does your child enjoy books, playing with others, or story time? (Describe attention span, interest, commenting/questions, etc.)

## Communicating With You

- My child communicates with me in this way:

Cries      Uses gestures      Points to what he or she wants      Makes a few sounds  
Makes many different sounds  
Uses a few words      Uses 2-3 word sentences      Uses long sentences

- Can your child recall stories or events?      no      yes  
If no, explain.
- I understand what my child says:      seldom      most of the time      all of the time
- Family members understand what my child says:      seldom      most of the time      all of the time
- People outside of the family understand my child's speech      seldom      most of the time      all of the time

What, if anything, have you tried at home to help your child with his or her speech/language development?

Does your child:

- Answer when you talk to him or her?      no      yes
- Talk about what he or she is doing?      no      yes
- Ask for help?      yes      no  
Explain.

Explain any frustrations you and/or your child may have regarding speech and language skills and how they are handled.

## General

- Areas of concern regarding my child's speech/language communication skills:
  
- Areas of strength:
  
- Activities your child enjoys:

If there is any further information you would like us to know about your child, please include it below:

**Thank you for filling out this form  
This will help us better understand your child**

**Michelle Fisher and Sharna McMicken**