

Pediatric	Name: _____
History and Background Information	Date: _____
Past Medical History	D.O.B: _____

Was the childbirth normal or were there complications _____

If any complications, please list

Etiologies

- Anoxia
- Breathing difficulties
- Cranial Facial (cleft lip or palate)
- Failed Hearing screening
- Premature
- Other _____

Yes	No	Notes
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Was your child hospitalized, if so, for what _____

What is the primary language at home _____

What is the primary language your child speaks, if they do not speak how do they communicate _____

	Yes	No	Notes
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- Gesture
- Point
- Short Phrases
- Sign
- Use a PEC System
- Vocalizations
- Words
- Other _____

Please list the approximate age your child achieved the following developmental milestones

- Babbled _____
- Said first word _____
- Put two words together _____
- Spoke in short sentences _____



Pediatric	Name: _____
History and Background Information	Date: _____
Past Medical History continued	D.O.B: _____

	Yes	No	Notes
If they do speak, do they use the following			
Sounds	<input type="checkbox"/>	<input type="checkbox"/>	
Words	<input type="checkbox"/>	<input type="checkbox"/>	
2-4 Word Sentences	<input type="checkbox"/>	<input type="checkbox"/>	
Is your child Toilet trained, If so, when _____			
What language does your child understand _____			
What is the primary concern for your child _____			

Is your child receiving any therapy for their communication delay or other delays (like physical or occupational) if so, what _____

Is their vision and hearing functional _____

If there is a hearing loss, are they aided _____

Do they have a Cochlear Implant, if so, when were they implanted _____

Is there a history of heart problems _____

Is there a history of respiratory problems _____

Speech an Language Ages 3-6

Does your child speak in sentences, if not then please describe

	Yes	No	Notes
Age 3: Average 3-4 word utterances	<input type="checkbox"/>	<input type="checkbox"/>	
Age 4: Average 4-5 word utterances	<input type="checkbox"/>	<input type="checkbox"/>	
Age 5: Average 5-7 word utterances	<input type="checkbox"/>	<input type="checkbox"/>	

Can your child retell a simple story (with a clear beginning, middle and ending using 1st, then and then...)



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Past Medical History continued	D.O.B: _____

Speech and Language Ages 3-6

Can your child answer simple: What, Where, Who, Why. When and How questions _____

Are they able to initiate a conversation and stay on topic _____

Does your child sequence events about daily events (home, school, play) _____

Can your child imitate simple sentences modeled after an adult

	Yes	No	Notes
Single words			
2-3 words			
4-6 words			
6-8 words			

Does your child use plurals like: "boys/ girls" or contractions like: "It's/ didn't" _____

Are there specific sounds that your child has difficulty saying, if so, which ones _____

Is their speech intelligible, please rate it

	Yes	No	Notes
100%			
70%			
50%			
25%			
0%			



