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Please fill out this questionnaire as completely as possible, since this information is important in the diagnosis and treatment of your child. Any additional documents relating to the child's medical, educational, or psychological history should be sent to the address at the top of this sheet. Feel free to use the margins or backside of these forms if you wish to explain or expand any of your answers. If you do not understand exactly what information is desired by any of the questions, please put a question mark in the answer space for that question. If you wish help in completing these forms, or have any other questions regarding our services, please call us for assistance at (701)739-5437.

I. General Information

Child's Name _____ Date of Birth _____

Street Address _____

City/State/Zip Code _____ Home Phone _____

Does the child live with both parents? Y / N _____

Mother's Name _____ Age _____

Mother's Occupation _____

Mother's Work Phone _____ Cell or other Phone _____

Father's Name _____ Age _____

Father's Occupation _____

Father's Work Phone _____ Cell or other Phone _____

Brothers and Sisters (include names and ages - any speech, language, hearing concerns?) _____

Referring Physician _____ Phone _____

Primary Insurance _____ Member ID _____ Group Number _____

Subscriber _____ Subscriber's Date of Birth _____

Secondary Insurance _____ Member ID _____ Group Number _____

Subscriber _____ Subscriber's Date of Birth _____

What is your child's native language? _____

Who referred you to the Quotable Kids Speech & Language Clinic? _____

II. Statement of Issues

Describe your concerns about your child's speech/language or hearing development _____

What do you hope to find out as a result of this evaluation?

Who first became concerned about your child's communication differences? When?

How has your child's communication style changed since you first became concerned?

What is your child's reaction to his/her communication issues? (becomes frustrated, withdraws, unaware)

What concerns do you or others have about your child's hearing? Has your child ever had his/her ears tested?

What other specialists have your child seen? Please list. (Physicians, audiologists, speech pathologists, teachers, occupational therapy, etc)

III. Prenatal and Birth History

Mother's general health during pregnancy (illnesses, accidents, medications, etc.) _____

Length of pregnancy _____ Birth Weight _____

Where there any unusual conditions that may have affected the pregnancy or birth (i.e. Child jaundiced at birth, or child required oxygen)? _____

IV. Medical History

Provide the approximate ages at which the child suffered the following illnesses and conditions:

Allergies - please list		
Asthma	Chicken Pox	Colds
Convulsions	Croup	Dizziness
Draining Ear	Ear Aches	Ear Infections
Encephalitis	German Measles	Headaches
High Fever	Influenza	Mastoiditis
Measles	Meningitis	Mumps
Pneumonia	Seizures	Sinusitis
Tinnitus	Tonsillitis	
Other		

Describe any major accidents or hospitalizations _____

Has the child had any surgeries? Y / N If yes, what type and when (i.e. Tonsillectomy, tube placement, etc.)? _____

Is the child taking any medications? Y / N If yes, identify. _____

Have there been any negative reactions to medications? Y / N If yes, identify. _____

Have your child's ears been examined? Y / N By Whom? _____

Results/Findings of ear exam _____

Is your child currently under a doctor's care? Y / N If so, please explain _____

V. Developmental History

Please provide the approximate age at which the child began to do the following:

Sit:	Crawl:
Stand:	Walk:

Feed Self:	Dress Self:
Use toilet (Day):	Use Toilet (night):

Are there or have there been any feeding problems (i.e. problems with sucking, swallowing, picky eater, drooling, chewing, etc?) Y / N If yes, please explain _____

Does your child have any difficulty walking, running, or participating in other activities that require small or large muscle coordination? Y / N If yes, please explain _____

Describe your child's response to sound; "My Child..."

Responds to all sounds	Responds to loud sounds only	Inconsistently responds to sounds
Is unduly frightened by loud sounds	Other:	

Does your child have unusual responses to anything in the environment that most children encounter such as large crowds, smells, new clothing, common foods? Y / N If so, please describe.

Does your child react strongly to changes in the daily routine or changes in the environment?

Y / N If so, please describe _____

VI. Speech and Language

Who does your child interact with most often? What kinds of activities do they do together?

Does your child respond when his/her name is called? Y / N

Does your child seem to understand you? Y / N Does your child seem to understand others? Y / N

How well do you understand your child? (circle one) Very Well Half of the Time Very Little

Do others close to your child understand him/her? (circle) Very Well Half of the Time Very Little

Please give examples of incorrect speech sounds. _____

Is your child able to imitate words that you say or sounds by others (including pets?) Y / N Actions? Y / N

Explain _____

Do they imitate immediately or following a short lapse of time? Immediately short?/long? lapse of time

How accurate is the imitation?

Explain _____

Does your child point to things to show them to you? (circle) Yes Very Infrequently No

How does your child get your attention? (i.e. Through gestures, verbalizations, etc.) _____

How does your child express wants and needs? _____

Does your child maintain eye contact? Y / N

Approximately how many words does your child understand? _____

Approximately how many words does your child use? _____

Provide an estimate of your child's average sentence length. Approximately how many words does he/she use in their longest sentences?

Does your child follow: (check all that apply)

Simple commands (i.e. Put that away)

Two-part commands (i.e. Get your shoes and brush your hair)

Three-part commands (i.e. Pick up your toys, brush your teeth, and get into bed)

Does your child ask questions? Y / N

Does your child use: (check all that apply)

Nouns (i.e. boy, car)	Verbs (i.e. jump, eat)	Adjectives (i.e. big, funny)	Adverbs (i.e. quickly, slowly)
Pronouns (i.e. he, they)	Conjunctions (i.e. and, but)	-ing endings (i.e. going, jumping)	Past-tense word forms (i.e. went, jumped)
Plurals (i.e. dogs, toys)	Possessives (i.e. my mom's, the dog's)	Comparatives (i.e. slower, bigger)	

How would your child communicate in the following situations? Please give several examples for each situation.

- Asking your permission to do something. (i.e. go outside)

Requesting food.

Describing a toy he/she wants.

Wanting to know where mom or dad went.

Can your child talk about past experiences? Y / N _____

Does your child know how to take turns in a conversation or game? Y / N _____

Is your child's speech usually appropriate to the situation? Y / N _____

Does your child participate in pretend play? (i.e. uses a stick to represent a microphone) Y / N _____

VII. Educational History

For *preschool-age* children:

- Does your child attend:

Preschool _____ Name of Facility and location	Daycare _____ Name of Facility or "in home"
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For *school-age* children:

- List the school your child attends (name, address, and phone #) and provide a contact person/teacher's name:
-

For *All-age* children:

- How is your child doing academically (or pre-academically)
-
-
-
-

Does your child receive special services (IEP or IFSP) Y / N If yes, please describe:

How does your child interact with others? (i.e. shy, aggressive, uncooperative, etc.)

What type of discipline is most effective? Least effective?

Please list five words to describe your child: (happy, competitive, etc.)
