Success & Self-esteem
Learning | Speech | Social Interaction
Language

Bayou City Speech & Language

5555 West Loop South, Suite 345
Bellaire, Texas 77401
(713) 628-5160

Comprehensive Evaluation Intake Form

To Parent/Guardian: Please answer the following questions about your child. Please attach copies of the following documents:

- Previous evaluations, recent medical physical, and/or relevant medical evaluations (e.g., ADHD, autism diagnosis), including school testing and/or psychoeducational assessments.
- Goals that are currently/were previously targeted in therapy (including physical therapy, occupational therapy, or speech therapy).
- PLEASE RETURN THIS INFORMATION PRIOR TO FIRST APPOINTMENT.

CHILD'S/ADOLESCENT'S INFORMATION			
FULL NAME		GENDER ☐ Male ☐ Female	DOB
CURRENT AGE	NAME OF SCHOOL		GRADE
PRIMARY CARE PHYSICIAN (PCP)		PCP PHONE	
DESCRIBE YOUR MAIN CONCERNS Include when the problem was first noticed, who noticed it, and where the problem occurs.			
How does your child/adolescent react to struggles with (circle applicable problems)? • Social Communication • Receptive and Expressive language • Executive function deficits	☐ Tries again/revises ☐ Becomes angry/frustrated ☐Other: ☐ Gives up/Shuts Down ☐ Doesn't notice		
Please describe difficulties in school including grades, social problems, disorganization, inability to focus, difficulties with teachers and/or peers:			
Has your child's/adolescent's physician noticed these concerns? If yes, what were his/her recommendations?			
How did you learn about us?			

In the table to the right, Please list all diagnoses and services your child/adolescent has received, including counseling; psychiatry; physical, occupational, or speech therapy. If none, check below. ☐ None	DIAGNOSIS/TYPE OF SERVICE	DATES/AGE	NAME OF PROVIDER

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FAMILY'S INFORMATION			
With whom does your child live? (Check all that apply)	☐ Biological parent(s)	☐ Adoptive parent(s)	☐ Legal guardian(s)
	☐ Grandparent(s)	☐ Sibling(s)	☐ Other:

In the table to the right, list all family members who live in the same home as your child/adolescent.	NAME	AGE	RELATION TO CHILD

PARENT/CAREGIVER 1 INFORMATION			
FULL NAME		GENDER ☐ Male ☐ Female	DOB
ADDRESS		CITY	ZIP
PHONE 1	☐ CELL ☐ HOME ☐ WORK	EMAIL	
PHONE 2	☐ CELL ☐ HOME ☐ WORK	PREFERRED METHOD OF CONTACT	☐ PHONE 1 ☐ EMAIL ☐ PHONE 2

PARENT/CAREGIVER 2 INFORMATION			
FULL NAME		GENDER ☐ Male ☐ Female	DOB
ADDRESS		CITY	ZIP
PHONE 1	☐ CELL ☐ HOME ☐ WORK	EMAIL	
PHONE 2	☐ CELL ☐ HOME ☐ WORK	PREFERRED METHOD OF CONTACT	☐ PHONE 1 ☐ EMAIL ☐ PHONE 2

Are there family circumstances that would be helpful to share with your child's/adolescent's therapist? (e.g., custody arrangements, recent loss of loved one, etc.)	
Do any other family members exhibit social communication disorder, ADHD, Autism, executive function difficulties or related language difficulties or disorders/diagnoses?	

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CHILD'S/ADOLESCENT'S HEALTH BACKGROUND			
Describe pregnancy, including any complications.			
Describe labor/delivery, including any complications with mother's or child's health.			
TYPE OF BIRTH (check all that apply)	☐ Spontaneous (not induced)	☐ Induced	☐ Vaginal ☐ C-section
GESTATIONAL AGE (in weeks)	BIRTH WEIGHT	BIRTH LENGTH	NICU ☐ Yes ☐ No How long?
Were there any complications after birth or during the first few weeks?	☐ Difficulty breathing ☐ Difficulty feeding ☐ Birth defect ☐ Jaundice ☐ Seizures ☐ Developmental Delays		
Describe any serious illnesses, injuries, or medical procedures your child has experienced. Describe any other conditions or medical diagnoses identified by your child's doctor or other professionals.			
List any environmental or food allergies.			
List any routine medications your child/adolescent is currently taking or has taken long term and the reason.			

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CHILD'S SPEECH AND LANGUAGE DEVELOPMENT	
Any difficulties with: • Receptive Language • Expressive Language • Social Communication • Reading • Writing	
Please share some goals or skills you would like your child/adolescent to attain?	
Is your child aware of his/her executive function difficulties? Are you opposed to sharing information with your child/adolescent, such as their goals and/or identified strengths/weaknesses in social communication, receptive/expressive language, executive functioning?	

CHILD'S PERSONALITY AND FAVORITES	
Describe your child's/adolescent's personality and favorite activities or hobbies.	
ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO INCLUDE:	

Thank you for taking the time to complete this information about your child/adolescent.

_____ _____

PARENT/GUARDIAN SIGNATURE DATE