



Bayou City Speech & Language

5555 West Loop South, Suite 345

Bellaire, Texas 77401

(713) 628-5160

Social-Emotional Learning Classes/Camps Intake Form

These classes/camps, which are held once or weekly in monthly sessions, are intended to enhance and deepen your child or adolescent' social-emotional learning and interaction with others in a fun environment. **Although these classes are taught by a Licensed and ASHA Certified Speech-Language Pathologist, they are not intended to represent or replace speech therapy services.** A comprehensive evaluation is NOT required prior to enrolling, but we would like to gather some information on your child/adolescent so that we may better serve the child in the class.

CHILD'S INFORMATION			
FULL NAME		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB
CURRENT AGE	NAME OF SCHOOL		GRADE
DESCRIBE YOUR CHILD'S COMMUNICATION ABILITIES, STRENGTHS AND WEAKNESSES			
How does your child act in social situations?			
How did you learn about us?			
In the table to the right, list all other services your child has received, including physical, occupational, or speech therapy. If none, check below. <input type="checkbox"/> None	TYPE OF SERVICE	DATES/AGE	NAME OF PROVIDER

FAMILY'S INFORMATION	
With whom does your child live? (Check all that apply)	<input type="checkbox"/> Biological parent(s) <input type="checkbox"/> Adoptive parent(s) <input type="checkbox"/> Legal guardian(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Other:



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

Do you have any family pets? (List name and type)

PARENT 1 INFORMATION

FULL NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB
ADDRESS	CITY	ZIP
PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMAIL	

PARENT 2 INFORMATION

FULL NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB
ADDRESS	CITY	ZIP
PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMAIL	

Are there family circumstances that would be helpful to share with the clinic?

CHILD'S HEALTH BACKGROUND

Has your child's hearing been tested? Yes No If yes, when and where? Passed Did not pass

Describe any diagnoses, serious illnesses, injuries, or medical procedures your child has experienced and/or any precautions of which we should be aware.



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List any environmental or food allergies.	
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CHILD'S SPEECH AND LANGUAGE DEVELOPMENT

At what age did your child begin:	<input type="checkbox"/> BABBLING (bababa) _____ months <input type="checkbox"/> JARGON (bada bama) _____ months <input type="checkbox"/> FIRST WORD _____ at _____ months <input type="checkbox"/> TWO-WORD COMBO (more milk) _____ months <input type="checkbox"/> THREE-WORD COMBO _____ months/years <input type="checkbox"/> SENTENCES _____ months/years <input type="checkbox"/> READING LETTERS _____ years <input type="checkbox"/> WRITING LETTERS _____ years <input type="checkbox"/> READING WORDS _____ years <input type="checkbox"/> WRITING WORDS _____ years <input type="checkbox"/> READING SENTENCES _____ years <input type="checkbox"/> WRITING SENTENCES _____ years
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Who understands your child's speech, and how much do they understand? 25% = 1 out of 4 words understood 50% = 2 out of 4 words understood 75% = 3 out of 4 words understood 100% = 4 out of 4 words understood	<input type="checkbox"/> Parent(s) _____% <input type="checkbox"/> Sibling(s) _____% <input type="checkbox"/> Peers _____% <input type="checkbox"/> Teacher(s) _____% <input type="checkbox"/> Extended Family _____% <input type="checkbox"/> Strangers _____%
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Has your child's speech-language been evaluated before? If yes, please note the place and summarize the findings.	
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Is your child aware of his/her communication difficulties?	
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CHILD'S STRENGTHS AND FAVORITES

Describe your child's strongest skills and personality traits. What makes your child unique?	
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FAVORITE ACTIVITIES / HOBBIES	
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FAVORITE TOYS	
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FAVORITE MOVIES	
FAVORITE BOOKS	
ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO INCLUDE:	

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

PARENT/GUARDIAN SIGNATURE

DATE