



Bayou City Speech & Language

5555 West Loop South, Suite 345

Bellaire, Texas 77401

(713) 628-5160

Pragmatic Language Groups and Purposeful Play Clusters Intake Form

These classes, which are held once or twice weekly for 8-12 week sessions, are intended to enhance and deepen your child or adolescent' social-emotional learning and interaction with others, and to provide language enrichment and growth 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?			
Your goals for your child during these classes:			
Has your child's physician noticed any speech, language and communication concerns? If yes, what were his/her recommendations?			
How did you learn about us?			
In the table to the right, list all other services your child has received, including counseling; psychiatry; physical, occupational, or speech therapy. If none, check below. <input type="checkbox"/> None	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)	<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:
In the table to the right, list all family members who live in the same home as your child.	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 your child's therapist?			



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CHILD'S HEALTH BACKGROUND	
Has your child's hearing been tested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where?	<input type="checkbox"/> Passed <input type="checkbox"/> Did not pass
Describe any serious illnesses, injuries, or medical procedures your child has experienced and any precautions.	
List any environmental or food allergies.	
List any routine medications your child is currently taking or has taken long term.	
Describe any other conditions or diagnoses identified by your child's doctor or other professionals.	

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
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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<p>Has your child's speech-language been evaluated before? If yes, please note the place and summarize the findings.</p>	
<p>Is your child aware of his/her communication difficulties?</p>	
<p>CHILD'S STRENGTHS AND FAVORITES</p>	
<p>Describe your child's strongest skills and personality traits. What makes your child unique?</p>	
<p>FAVORITE ACTIVITIES / HOBBIES</p>	
<p>FAVORITE TOYS</p>	
<p>FAVORITE MOVIES</p>	
<p>FAVORITE BOOKS</p>	
<p>ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO INCLUDE:</p>	
<p></p>	

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

PARENT/GUARDIAN SIGNATURE

DATE