3145 E. Chandler Blvd 110-117, Phoenix, Arizona 85048 | Phone 602.828.2619 |

Parent Information Form
Speech & Language History

Person(s) responding _____Date_____
Relationship(s) to child _____

GENERAL INFORMATION
Child's Name_____ Date of Birth _____ Age _____

Tell us about your child's speech, language, social communication, and/or feeding:

My child can _____:
_____
_____
_____
_____
_____

I want my child to _____:
_____
_____
_____
_____

Parent's address:
_____
_____
_____

Parent's address (if different):
_____
_____
_____

Your child's siblings (name & age):

_____

_____

What languages are spoken in the home; which one is the primary language?

_____

_____

Is there a family (immediate and/or extended) history of speech and/or language disorders (please be specific):

_____

_____

_____

PROFESSIONAL EVALUATIONS

Has your received any diagnoses (e.g., hearing loss, cerebral palsy, Apraxia, receptive/expressive language delay)? If so, please describe:

_____

_____

_____

_____

_____

Please note current **professionals** working with your child, as well as the approximate **frequency** & **duration** of these sessions:

Audiologist_____

Speech-Language Pathologist_____

Setting (e.g., school name, clinic/private practice name):

_____

Contact information (e.g., email address, phone number):

_____

How long has your child been working with this/these SLP(S)?

_____

Neuropsychologist_____

Psychologist_____

Psychiatrist_____

Pediatrician_____

Neurologist_____

Ear Nose and Throat Doctor (ENT) _____

Orthodontist_____

Physical Therapist _____

Occupational Therapist_____

Other_____

MEDICAL HISTORY

Were there any abnormal occurrences in your child's pregnancy or delivery?

_____

_____

_____

Were there any difficulties with breastfeeding (if the child was breastfed) or other feeding difficulties during infancy?

_____

_____

Since birth, has your child experienced any **medical problems** (e.g., hospitalizations, surgeries, diagnoses, ear infections) before/during/after birth? If so, please explain.

_____

_____

_____

Please describe current **health concerns**, if any (e.g., allergies, illnesses).

_____

_____

List your child's current **medications** (and **dosages**). Please note any positive/negative **effects** of the medication(s).

_____

_____

When was the last time your child's **hearing** was checked? What were the results?

_____

_____

DEVELOPMENT

Indicate the age at which your child demonstrated the following:

Sitting up: _____

Crawling: _____ Cooing: _____

Walking: _____ Babbling: _____

Toilet training:_____First word: _____

Do/Does your child:

	Yes/No	Age Started/Stopped
Suck thumb:	_____	_____
Use a pacifier:	_____	_____
Drink from a bottle:	_____	_____
Drink from a sippy cup:	_____	_____
Drink from a straw:	_____	_____
Drink from an open cup:	_____	_____

CHILD CARE / EDUCATION

Where does your child currently attend **school/daycare**? How often? Grade? Teachers' names?_____
_____
_

COMMUNICATION SKILLS

Describe your child's current **expressive language**? What sounds do you notice that he/she has difficulty producing? If he/she is **nonverbal**, please discuss your child's use of signs, gestures (e.g., waving, nodding, hand-pulling), vocalizations/word approximations, and/or augmentative means (e.g., AAC devices, PECS) when communicating. Is he/she aware of his/her difficulty and, if so, how does that affect him/her emotionally or behaviorally?

_____
_____
_____
_____

What is your impression of your child's **receptive language**? Is he/she able to follow directions? Does he/she seem to understand age appropriate vocabulary? Can he/she seem to comprehend age appropriate stories?

_____
_____
_____
_____

What is your impression of your child's **social communication** (i.e., pragmatics)? For example, does he/she use: greetings, eye contact, politeness markers, initiation and turn-taking when playing and interacting, and language (verbal or nonverbal) for a variety of purposes (e.g., to make requests, get information, express emotions)? Please describe your child's ability to establish and maintain peer friendships.

_____
_____
_____
_____

Have there been any noticeable **changes** (positive or negative) in your child's communication behaviors (e.g., expressive language, auditory comprehension, social language) in recent months? If so, explain.

_____
_____

Please describe your child's **play behavior** (e.g., sharing, cooperating with others, pretending, using toys appropriately and symbolically).

_____
_____
_____
_____

Describe your child's **feeding/eating** (e.g., types of foods, sucking/swallowing, sensitivity to textures, picky eating).

_____
_____
_____
_____

Describe your child's fine and gross **motor development** (e.g., gross: running, throwing, jumping; fine: coloring, zipping, cutting).

_____
_____
_____
_____

Describe your child's **temperament/personality** (e.g., how he/she handles frustration, his/her response to affection, needs).

_____
_____
_____
_____

TREATMENT

Has your child seen a speech-language pathologist in the past? Or are they currently seeing a speech-language pathologist? If so, who/where? Dates of treatment? Goal Areas?

_____
_____
_____
_____
_____

What **strategies** have been used with your child in the past to facilitate speech/language development, if any? Which seemed to be effective and which did not?

_____
_____
_____

Please describe your child's daily routine (e.g., wakeup time, morning activities, nap time, afternoon activities, bed time).

_____
_____
_____

Please list items of interest to your child that can be used for positive **reinforcement**?

Foods_____
Please note any foods that should be ***avoided***_____
Games/Activities_____
Sensory Experiences_____
Other (e.g., cartoon characters) _____

OTHER INFORMATION

Your child's treatment plan is designed to be functional and personally relevant to him or her. Therefore, your child's everyday vocabulary (e.g., people, places, animals) and experiences are incorporated into therapy sessions whenever possible. Please list the items of importance (when applicable) and briefly mention how they are significant in your child's world:

Pets _____
(Extended) Family Members / Friends_____
Places (e.g., park, church) _____
Activities (e.g., play groups, sports) _____
Books / Songs _____
Other _____

Please note any additional concerns or information to share with Mariposa Speech Services.

_____
_____
_____
_____
_____