

**Intake & Background Information**

Child's Name: \_\_\_\_\_  
Child's DOB: \_\_\_\_\_

Date: \_\_\_\_\_  
Child's Gender: \_\_\_\_\_

**PARTICIPANT INFORMATION**

**Who will be participating in the class?**

Participant's Name: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
*Please circle your preferred method of contact.*

Relationship to child: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Participant's Name: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
*Please circle your preferred method of contact.*

Relationship to child: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Participant's Name: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
*Please circle your preferred method of contact.*

Relationship to child: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Availability for class and home-coaching:**

Times on Monday: \_\_\_\_\_  
Times on Tuesday: \_\_\_\_\_  
Times on Wednesday: \_\_\_\_\_  
Times on Thursday: \_\_\_\_\_  
Times on Friday: \_\_\_\_\_  
Times on Saturday: \_\_\_\_\_  
Times on Sunday: \_\_\_\_\_

**Address (for in-home coaching sessions):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNICATION**

**Please describe the child's communication**

(examples: gives items to request opening, uses gestures, length of sentences):

**Please describe the child's interests:**

**Describe the child's strengths:**

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Please describe the child's signs of frustration:

How intelligible is the child? How often can unfamiliar listeners understand him/her?

Does the child have difficulty understanding directions?

Please describe how the child communicates and participates during social situations  
(appropriate eye contact, tone of voice, volume, etc.)

Please describe any other difficulties or areas of concern:

### DAILY LIFE

Please describe a typical day for the child:

In what environments does the child communicate? (school, home, daycare, etc.)

**Family Members - *Who does the child live with?***

Name	Relationship	Age

### DEVELOPMENTAL & MEDICAL HISTORY

#### Milestones

At what age did the child...

Sit: \_\_\_\_\_

Crawl: \_\_\_\_\_

Walk: \_\_\_\_\_

Finish toileting: \_\_\_\_\_

Use 1<sup>st</sup> words: \_\_\_\_\_

Use 2-word phrases: \_\_\_\_\_

Use 3 word phrases: \_\_\_\_\_

Follow directions: \_\_\_\_\_

Current diagnoses, age of diagnosis, and diagnosis source (e.g., school/doctor/SLP/UNM CDD, etc.):

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**Please list any communication-related diagnoses of the child's relatives:**

(examples: Articulation/Phonological Disorder, Stuttering, Autism Spectrum Disorder)

**Please list or describe any recent/current illness or medical concerns:**

**Please describe any significant medical events/illnesses:**

**How many ear infections has the child had?**

**Was the child's hearing tested at birth?**

**Approximate date of most recent hearing test:**

**Does the child have tubes in his/her ears?**

**Please list the child's current medications & conditions for each:**

**Please list any therapy the child receives or received in the past:**

Location/Provider (e.g., APS)	Type of service (e.g., OT, PT, SLP, behavioral, etc.)	Reason for intervention (e.g., articulation, language, etc.)	Dates of Service