



**Intake Sheet for children over 3 years of age**

Please answer the following questions to better help me understand your child's needs.

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

Describe the nature of your concern:  
\_\_\_\_\_  
\_\_\_\_\_

At what age did the child do the following:  
babble \_\_\_\_\_  
sit up \_\_\_\_\_  
walk \_\_\_\_\_  
say his/her first words: \_\_\_\_\_

How would you rate your child's speech intelligibility? \*Please circle one\* *totally* intelligible, *most of the time* intelligible, *fairly* intelligible, or *not* intelligible.

Does your child struggle to pronounce his/her words clearly? If so, explain:  
\_\_\_\_\_  
\_\_\_\_\_

Do unfamiliar friends/family understand your child's speech? \_\_\_\_\_  
 Provide an example of a typical "sentence" your child says (i.e. to get your attention, or request an item, explain what he/she sees) etc. \_\_\_\_\_  
\_\_\_\_\_

Does your child appear to understand simple commands? Please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child gesture and/or point to communicate? Please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have bumpy speech (repeat sounds/syllables) when trying to communicate? If so, explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any difficulty eating or controlling his/her saliva and does he/she over stuff his/her mouth when eating? If so, explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child's hearing and vision been evaluated? If so, please indicate date and results: \_\_\_\_\_