



Intake Form for children under 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:

Did the child's mother have a normal birth? If not, please explain:

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 appear to understand simple commands? Please describe:

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

Does your child have siblings living at home? Yes/No - If yes, please list names/ages. _____

Does your child have any difficulty eating or controlling his/her saliva? If so, explain:

Does your child have any known allergies? _____

Would edible treats be permitted in therapy as a reward? _____

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

Would you be willing to participate totally in your child's therapeutic intervention which would include but is not limited to home programs and parent/clinician conferences?
