



Please answer all questions as completely as possible and **make a copy for your records.**  
All information is confidential.

**Client Information:**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe concerns regarding the child's speech, language, literacy or learning development:

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

Please share the child's strengths and/or interests:

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

**Family Information:**

Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email: \_\_\_\_\_

Child lives with:

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Birth Parents    | <input type="checkbox"/> Foster Parents        | <input type="checkbox"/> One Parent |
| <input type="checkbox"/> Adoptive Parents | <input type="checkbox"/> Parent and Stepparent | <input type="checkbox"/> Other      |

Describe custody if necessary:

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

Other children/ extended family living in the household:

	Name	Age	Relationship	Grade
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Please note any **family history** of the following (immediate or extended family)?

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Speech/Language Delays | <input type="checkbox"/> Reading difficulty/Dyslexia | <input type="checkbox"/> ADD   |
| <input type="checkbox"/> Learning Difficulties  | <input type="checkbox"/> Hearing Loss                | <input type="checkbox"/> Other |

Is there a second language spoken in the home? **Yes / No**

If yes, which language(s)? \_\_\_\_\_

Which language does the child prefer to speak at home? \_\_\_\_\_

**Birth & Medical History:**

Any illnesses or accidents during pregnancy? Yes / No (If yes, please explain)

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Length of Pregnancy: \_\_\_\_\_ Duration of Labor: \_\_\_\_\_ Birthweight: \_\_\_\_\_

Was delivery considered normal? Yes / No (If no, please explain)

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Please note any conditions/complications shortly after birth.

- Jaundice
- Low Apgar scores
- Drug additions
- NICU stay
- Other \_\_\_\_\_

Does the child have any pertinent medical history or diagnosis? Yes / No

If yes, please mark and explain

- Genetic disorder \_\_\_\_\_
- Seizures \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Sleep Difficulties \_\_\_\_\_
- Head Injury \_\_\_\_\_
- Surgeries \_\_\_\_\_
- Other \_\_\_\_\_

Does the child have any known **food allergies**? Yes / No (If yes, please list and describe)

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Is the child taking any medications? Yes / No (If yes, please list)

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**Hearing:**

Does the child have a history of ear infections? Yes / No

If yes, approximately how many \_\_\_\_\_, and what ages \_\_\_\_\_.

PE Tubes? Yes / No

Has the child had his/her tonsils and adenoids removed? Yes / No

Has the child's hearing ever been tested? Yes / No

If yes:

Date of Testing: \_\_\_\_\_ Results of Testing: Normal / Abnormal

**Feeding & Oral Development:**

Did the child have any feeding problems early in life? Yes / No (If yes, please describe)

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If the child was bottle fed, at what age did he/she stop using bottle? \_\_\_\_\_

Is the child able to drink from a straw? Yes / No

Did the child drool past 2 years of age? Yes / No

Is the child a picky eater or are there any foods child refuses to eat? Yes / No

Does the child suck his/her thumb or use a pacifier? Yes / No

Does the child have any food allergies or on a restricted diet? Yes / No (If yes, please explain)

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**Developmental Milestones:**

At what age did the child acquire each developmental milestone? N/A if not yet completed.

Language Skills	Age	Comments
Coo & Babble, “bababa”		
First Words		
Combine 2-3 words, “more juice”		
Used 2-3 word sentences		
Asked Questions		
Gross Motor	Age	Comments
Sit independently		
Crawl		
Walk		
Pedal tricycle		
Fine Motor	Age	Comments
Independently get dressed		
Trace Shapes		
Write her/his name		
Cut along lines with scissors		

Do you feel the child is well coordinated? Yes / No Explain:

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What is the child’s dominant hand:      Right      Left      Undetermined

Does the child use 3-finger pencil grip? Yes / No

Is the child toilet trained? Yes / No      If yes, at what age was your child toilet trained? \_\_\_\_\_

**Play & Social Skills:**

The child has **noted difficulty** with the following (please check all that apply):

- Greeting people when arriving or leaving
- Engaging in eye contact
- Maintaining conversation
- Turn taking
- Recalling or telling about everyday events
- Answering questions
- Following one/two-step directions
- Transitioning from one activity to another
- Behavior challenges
- Anxiety
- Attention

**Speech & Language History:**

What is the child's primary way of communicating?

- Eye contact    Gestures    Jargon    Words    Sign Language    Sentences

Does the child have difficulty formulating sounds or words? Yes / No (If yes, please explain)

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Does the child appear to have age-appropriate grammar/sentence structure? Yes / No (If yes, please explain)

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Is the child's speech understandable?    To you    To family    To friends

Does the child appear to understand what you say (directions, questions)? Yes / No

Please give an estimate of how many words are in the child's vocabulary:

Receptive (words he/she understands) \_\_\_\_\_

Expressive (words spoken) \_\_\_\_\_

Is the child aware of, or frustrated by, any speech-language-literacy difficulties? Yes / No  
(If yes, please describe)

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Do you and your spouse agree on the problem and how it should be handled? Yes / No  
Please explain:

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**School & Daycare Information:**

Does the child attend daycare? Yes / No

Location: \_\_\_\_\_ How often: \_\_\_\_\_

Does the child attend preschool? Yes / No

Location: \_\_\_\_\_ How often: \_\_\_\_\_

Name of School & School District: \_\_\_\_\_ Grade: \_\_\_\_\_

If retained, what grade: \_\_\_\_\_

Is the child receiving services under an Individual Education Plan (IEP) or 504 Plan?

- No
- Yes

**If yes, please attach a copy to this questionnaire.**

Has a psycho-educational assessment been completed by a Psychologist?

- No
- Yes, through the school district
- Yes, privately

**If yes, please attach a copy to this questionnaire**

Has the child received any of the following evaluations or therapeutic services?

	Date	Name/Agency
<input type="checkbox"/> Developmental Pediatrician	_____	_____
<input type="checkbox"/> Psychiatrist/Psychologist	_____	_____
<input type="checkbox"/> Neurologist	_____	_____
<input type="checkbox"/> Speech Language Therapy	_____	_____
<input type="checkbox"/> Occupational Therapy	_____	_____
<input type="checkbox"/> Physical Therapy	_____	_____
<input type="checkbox"/> Ophthalmologist/Vision	_____	_____
<input type="checkbox"/> Child wears glasses		
<input type="checkbox"/> Tutoring	_____	_____

**PLEASE ATTACH ALL REPORTS PERTINENT TO THE CHILD’S THERAPY AT THE SACRAMENTO SCOTTISH RITE CHILDHOOD LANGUAGE CENTER**

- I’ve attached a copy of the child’s most recent IEP
- I’ve attached a copy of all previous speech/language/literacy assessments.
- I’ve attached a copy of the child’s psycho-educational assessment
- I’ve attached a copy of other pertinent assessments and therapy reports
- I’ve attached other important documents

The California Scottish Rite Foundation requires that all incoming clients be up to date with all required immunizations. Documentation in the form of a signed statement from a medical doctor must be provided to the Center prior to enrollment.

- I’ve attached a copy of signed **Immunization Form**
- I’ve attached a copy of signed **Authorization for Release of Information**
- I’ve attached a copy of signed **Policy Agreement**
- I understand my child’s file will not be reviewed until all required forms are submitted.

If you have any additional information which you feel would be helpful to us in preparing for an evaluation and/or in working with the child, please share below.

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Thank you for taking the time to complete this form.