

Speech & Language Intake

Date: _____

Child's Name: _____

Date of Birth: _____

Oral Motor Skills

Has your child experienced any of the following?

Chewing difficulties Yes No

Excessive drooling Yes No

Thumb sucking Yes No If yes, how long? _____

Pacifier use Yes No If yes, how long? _____

Difficulty tolerating specific food textures Yes No If yes, how long? _____

What does your child primarily drink from? (e.g. cup, straw, sippy cup, bottle) _____

Language: Communication History/Status

Do you have concerns with your child's expressive language, or how they use words to express their wants, needs, feelings, thoughts? Yes No

Do you have concerns with your child's receptive language, or their understanding of what is being spoken to them? Yes No

Please complete **one** area Emerging/Early Language or Later Language Development: whichever best fits to your child.

Emerging and Early Language Development: Your child currently communicates using (check all that apply):

- non speaking
- Body language (pointing, gestures, signs)
- Simple Sounds (vowels, consonants, grunting)
- Single words (shoe, doggy, up)
- 2 to 4-word phrases. (ball up, me go)
- Sentences longer than 4 words
- AAC System/ Augmentative and Alternative Communication

Does your child:

Do they turn to their name? Yes No

Will they look at or touch familiar objects when named? Yes No

Will they look at or touch familiar pictures if named? Yes No

Repeat sounds, words or phrases over and over? Yes No

Initiate interaction with others to get needs met or to play? Yes No

Take turns in games (e.g. roll a ball back/forth, take turns stacking blocks)? Yes No

Makes eye contact with you, and follows your point and gaze? Yes No

Understand what you are saying? Yes No

Retrieve/point to common objects upon request (ball, cup, shoe)? Yes No

Follow simple commands ("shut the door" or "get your shoes")? Yes No

Can they follow 2 step directions? Yes No

- Can they follow multistep directions? Yes No
- Use words to request? Yes No
- Do they put words together? Yes No
- Do they use a variety of word classes (nouns, verbs) Yes No
- Is their speech related to or on topic to what they are doing/what is happening? Yes No
- Respond correctly to yes/no questions? Yes No
- Respond correctly to who/what/where/when/why questions? Yes No

Other/Comments about your child's current speech and language skills:

Later Language Development:

Does your child:

- Understand stories read aloud or spoken to him/her? Yes No
- Answer fact-based, literal questions about everyday events and stories? Yes No
- Answer inferential questions about everyday events and stories? Yes No
- Understand and use figurative language and sarcasm? Yes No
- Understand and interpret body language and environmental cues appropriately? Yes No
- Do they use a variety of word classes (nouns, verbs, adjectives, articles, etc.) Yes No
- Is their speech related to or on topic to what they are doing/what is happening? Yes No
- Formulate language effectively to share ideas and tell stories? Yes No
- Easily follow multi-step instructions in school and at home? Yes No
- Have difficulty with word finding or retrieval? Yes No
- Experience disfluencies/stutters in his/her speech? Yes No
- Have difficulty with reading comprehension? Yes No
- Have difficulty writing? Yes No

Other/Comments about your child's current speech and language skills:

Articulation:

What percentage of the time do you understand what your child is saying? _____

What percentage of the time do other listeners understand what your child is saying? _____

- Does your child appear frustrated when they are not understood? Yes No
- Does your child imitate sounds or words? Yes No
- Does your child repeat sounds or words when speaking? Yes No
- Does your child omit or change sounds when speaking? Yes No

Please circle the following sounds that your child struggles with:

p	b	t	d	k	g	m	n	ng "swing"	f
h	y "yes"	w	v	s	z	sh	ch	J "jump"	l
Voiced "th" (them)	Voiceless "th" (third)	zh "measure"	r						

Voice:

How would you rate your child's voice quality?

Please check any that apply:

Normal	Raspy	High/Low pitched	Quiet/Loud
Breathy	Strained	Wet	Other:
Hypernasal (too much airflow out of nose)	Hyponasal (too little airflow out of nose, sounds like a cold)		