



Speech World, LLC

6614 Atlantic Blvd, Jacksonville, FL 32211
Phone (904) 685-4267 Fax (888) 504-5656

Please tell us about your child:

Child's Name: _____ Date: _____

Child's age: _____ Caregiver name and relation: _____

Pregnancy and Birth history/Difficulties/NICU? _____

Health:

Surgeries: Y/N _____

Medications: Y/N _____

Recent Hospital visits and why? Y/N _____ Allergies Y/N _____

Developmental history – age at which the child:

Sat _____ Walked: _____ Said 1st words: _____

Concerns: _____

Educational History:

School/preschool and grade: _____

Does the child have any special help at school? IEP? ESE? _____

Any repeat grades: _____

Speech:

Does your child have articulation/pronunciation difficulties? Y/N _____

If your child does have speech difficulties. Please give percentages (rough guess) of how much your understand your child when:

He/She is talking about a known, or familiar topic _____ %

He/She is describing an unknown/unfamiliar activity or telling a story _____ %

He/She repeats you, improvement is at what percentage _____ %

Parent/Guardian Signature

Date
