



SPEECH, LANGUAGE, & LITERACY INFORMATION

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SPEECH/LANGUAGE BACKGROUND

What is the child's primary language? _____

Are any other languages spoken in the home? Yes No _____

Describe your current communication concerns: _____

Do any immediate or extended family members have a history of the following?

Language disorders?	Yes	No	_____
Articulation disorders?	Yes	No	_____
Learning disabilities?	Yes	No	_____
Stuttering problems?	Yes	No	_____

Current Communication Skills

Is your child able to:

Respond to his/her name?	Yes	No	Engage in pretend/imaginary play?	Yes	No
Point to objects when asked?	Yes	No	Identify letters/recite the alphabet?	Yes	No
Follow simple directions?	Yes	No	Count consistently?	Yes	No
Answer simple questions?	Yes	No	Retell simple stories?	Yes	No
Recognize familiar people?	Yes	No	Do you have difficulty understanding your child's		
Understand colors, shapes, sizes?	Yes	No	speech?	Yes	No

Please circle the phrases the describe how your child communicates (circle all that apply):

babbling	sign language	single words
pointing/gestures	2 word combinations	simple 3-4 word phrases
sentences with some errors	grammatically correct sentences	tells coherent and sequential stories

EDUCATIONAL INFORMATION

Does your child attend school? Yes No Does your child have an IEP? Yes No

Name of School: _____ Grade: _____

Performing at grade level? **Math:** Yes No **Reading:** Yes No **Writing/Spelling:** Yes No

Please explain your concerns in the area of academics:

Please explain any other concerns with your child's communication or learning that may help us better understand your child:

