

Speech Therapy History Form

Is English the only language spoken at home? Yes No

If no, please list other languages:

Child' School: _____

Current Grade: _____

Does your child have an IEP (Individualized Education Plan)/ receive special education services at school? Yes No

***** If Yes, we will need a current copy of your child's IEP. Please bring a physical or electronic copy to us each time your child receives a new IEP*****

What kind of services does your child receive? _____

Has your child received speech therapy in the past? If yes, where and for how long? _____

What are your concerns regarding your child's speech? Please check any box that applies:

- Articulation (ex: pronouncing words incorrectly)
- Language
 - Not saying enough words?
 - Not following directions/ understanding language?
 - Not using language/ not enough vocabulary?
 - Not speaking in full sentences?
- Stuttering (ex: repeating sounds/ words)
- Voice (ex: hoarse, raspy, breathy voice quality)
- Swallowing

Additional Comments about your child's speech:

When did your child begin talking?

When did you first become concerned about your child's speech?

Has anyone in your family had speech/language difficulties? Yes No

If so, please Explain:

What are your goals for speech therapy?

Is there anything else we should know before we see your child?
