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Speech and Language Therapy Intake Form

1. How does your child communicate?

a. Verbally _____ b. PECS _____ c. AAC device _____

d. Pointing or pulling to objects _____ f. Gestures _____

Comments: _____

2. Describe your concerns and when you first noticed them:

3. Has their hearing been checked and when was it checked?

4. Do they have pressure equalization tubes and when did they receive them?

5. Are you seeing them becoming frustrated, what do they do when they are frustrated?

6. What do they do when they are not understood by others?

7. Have alternative modes of communication been attempted with your child in the past? (i.e. PECS, ASL, signing exact English, AAC device, etc.) When was it attempted?

8. When did your child do the following:

- a. Babble: _____
- b. First word (used consistently) _____
- c. 2 word combinations: _____
- d. Sentences: _____

9. How many words does your child have? _____

If less than 20 words, what words do they have? _____

Signs: _____

10. Does child follow one step directions: _____

Two step directions: _____

11. Does your child answer basic who, what, where, when questions? _____

Answer yes/no questions? _____

12. Does your child maintain eye contact? _____

13. Does your child respond to their name? _____

14. Does your child demonstrate imaginary play? _____

15. Explain your child's typical interaction with other children.

16. Whom lives in the home with your child?

17. Does your child have an IEP or 504 for school? If so please bring it to the evaluation
