

TODAY'S DATE:

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NAME OF PATIENT: _____

DATE OF BIRTH: _____ AGE OF PATIENT: _____

PERSON COMPLETING FORM AND RELATIONSHIP TO PATIENT: _____

ADDRESS: _____

NAME OF SPONSOR: _____

DUTY PHONE: _____ HOME PHONE: _____

PATIENT'S PRIMARY CARE MANAGER: _____

REASON FOR REFERRAL: _____

PLEASE INCLUDE A PICTURE
OF YOUR CHILD

THANK YOU!

DESCRIBE YOUR CHILD: _____

DESCRIBE CONCERNS ABOUT YOUR CHILD'S SPEECH: _____

WHO WAS FIRST CONCERNED ABOUT YOUR CHILD'S SPEECH? _____

AT WHAT AGE: _____

**PLEASE STATE YES OR NO, AND ANSWER THE FOLLOWING QUESTIONS GIVEN.
(DO NOT LEAVE ANY BLANKS)**

YES	NO	
		DOES YOUR CHILD BABBLE?
 	 	AT WHAT AGE:
 	 	WHAT WERE YOUR CHILD'S FIRST WORDS?
 	 	AT WHAT AGE:
		ATTEMPTS TO REPEAT WORDS?
		DIFFICULT TO UNDERSTAND?
		HESITANT?
		TWO OR THREE WORDS PHRASES?
		SENTENCES?
		ANSWERS QUESTIONS?
		NUMBER OF WORDS YOUR CHILD IS SAYING NOW?
		ATTEMPTS TO REPEAT WORDS AFTER YOU?
 	 	LIST THE WORDS:

LISTED BELOW ARE A FEW WORDS THAT INFANTS AND TODDLERS MIGHT SAY AND/OR UNDERSTAND. PLEASE STATE CHECK THE FOLLOWING TO WHAT YOUR CHILD CAN SAY OR UNDERSTAND.

	UNDERSTANDS	SAYS		UNDERSTANDS	SAYS		UNDERSTANDS	SAYS
APPLE			ARMS			BABY		
BIG			BEAR			BELLY		
BUG			BUNNY			BYE-BYE		
BIKE			BALLOON			BANANA		
BOOK			CAR			CHAIR		
CHEESE			CHOO-CHOO			DOG		
DOWN			DRINK			EARS		
EAT			FEET			FLOWER		
GO			GUM			HAIR		
HOT			KEY			MAMA		
HI			HORSE			MILK		
MINE			SLEEP			SPOON		
POTTY			PLEASE			SEE		
STOP			TEETH			THANK YOU		
T.V.			TRUCK			YOU		
UH-OH			UP			WANT		
YUCKY			VIDEO					

LIST NAME(S) OF FAMILY MEMBERS, FRIENDS, BABYSITTERS' NAMES, OR PET NAMES THAT

YOUR CHILD SAYS: _____

LIST ANY OTHER WORDS THAT YOUR CHILD SAYS: _____

LIST ANY WORDS IN YOUR CHILD'S SECOND LANGUAGE (IF ANY): _____

PLEASE CHECK ALL THAT APPLY:

COMMUNICATION

HOW DOES YOUR CHILD COMMUNICATE? EXPLAIN: _____

YES	NO	
		GESTURES
		POINTING
		GRUNTING
		GRABBING PARENT(S)
		TYPE OF GESTURES:

COMPREHENSION

YES	NO	
		FOLLOWS SIMPLE COMMANDS
		CONFUSED
		PAYS ATTENTION TO VERBAL COMMANDS
		RESPONDS TO QUESTIONS
		RESPONDS TO DIRECTIONS
		DOES NOT SEEM TO HEAR WELL

PLAY/INTERACTION

YES	NO	EXPLAIN:
		PLAYS WELL WITH OTHER CHILDREN:
		PREFERS TO PLAY ALONE:
		INITIATE IN PLAY WITH OTHERS:
		DISPLAYS TURN TAKING IN PLAY (SOMETIMES NOT ALWAYS):
		HAS OPPORTUNITIES FOR PLAY/INTERACTION WITH OTHER CHILDREN:

CHECK ALL THAT APPLY:

PLAY GROUP

NEIGHBORS

FAMILY MEMBERS

PRESCHOOL

PLEASE STATE YES OR NO TO THE FOLLOWING CHARACTERISTICS

BEHAVIORAL CHARACTERISTICS:

YES	NO	
		ALERT
		ATTENTIVE
		DISTRACTABLE
		FRIENDLY
		TALKATIVE
		RESTLESS
		COOPERATIVE
		LETHARGIC
		IMPULSIVE
		SLOW TO WARM UP
		INTERACTIVE
		CALM
		RESPONSIVE IMPULSIVE
		IN HIS/HER OWN WORLD
		QUIET
		LIKES TO CUDDLE

OTHER HISTORY:

PRIMARY LANGUAGE SPOKEN AT HOME: _____

SECOND LANGUAGE: _____ PERCENT OF TIME: _____

CHILD'S PREFERRED LANGUAGE: _____

DESCRIBE WHAT YOUR CHILD'S TYPICAL DAY IS LIKE: _____

FAVORITE TOYS: _____

FAVORITE T.V. PROGRAMS: _____

WHAT ARE YOUR CHILD'S STRENGTH(S)/ THINGS HE/SHE DOES WELL: _____

AMOUNT OF TIME YOUR CHILD WATCHES T.V. PER DAY: _____

OVERALL HEALTH:

YES	NO	
		NORMAL BIRTH AND DELIVERY
		COMPLICATED BIRTH AND DELIVERY
		PLEASE DESCRIBE:
		FREQUENT EAR INFECTIONS
		TUBES PLACED DATE:
		FREQUENT COLDS
		ASTHMA
		SEIZURES
		VISIONS PROBLEMS
		SWALLOWING PROBLEMS
		CHRONIC SKIN PROBLEMS
		CHRONIC COUGH
		HEART DISEASE
		AWKWARDNESS
		VOMITING/REFLUX
		PNEUMONIA
		FEVERS
		HEARD TRAUMA
		MENINGITIS
		OTHER MEDICAL PROBLEMS:

HEARING EVALUATION: _____ DATE: _____ RESULTS: _____

DEVELOPMENTAL MILESTONES:

CRAWLED AT: _____ MONTHS
 FIRST WORDS AT: _____ MONTHS LIST WORDS: _____
 WALKED AT: _____ MONTHS

PARENTAL HISTORY:

LIST ANY SPEECH AND/OR HEARING PROBLEMS IN THE IMMEDIATE FAMILY.

FAMILY MEMBER	RELATION	AGE	PROBLEM

OTHER HISTORY/EVALUATIONS COMPLETED:

TYPE OF EVALUATION	RESULTS