

PARENT INFORMATION FORM  
SPEECH-LANGUAGE EVALUATION  
**CONFIDENTIAL**

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Form completed by \_\_\_\_\_

**Health History**

Please indicate/describe if your child has experienced any of the following:

Hospitalizations

\_\_\_\_\_  
\_\_\_\_\_

Head trauma or concussion

\_\_\_\_\_  
\_\_\_\_\_

Allergies

\_\_\_\_\_

High fevers or serious/chronic diseases

\_\_\_\_\_

Does your child take any medication on a regular basis? If so, for what condition? Also, please list all medication and doses

\_\_\_\_\_  
\_\_\_\_\_

General Health: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Any hearing/vision concerns? \_\_\_\_\_

\_\_\_\_\_

**Educational History**

Please describe your child's academic progress until now: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Any concerns regarding current academic progress? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Speech-Language Skills**

At what age did your child say their first words? \_\_\_\_\_

Has your child ever been diagnosed with a speech and/or language difficulty? YES NO

If yes, has your child ever received speech therapy? YES NO

If yes, please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your child able to retell familiar events in sequence (beginning/middle/end)? YES NO

If no, please

explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your child able to hold a conversation for at least five minutes with another child or adult? YES NO

If no, please

explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any concerns that you currently have regarding your child's communication skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance,

\_\_\_\_\_  
Speech Pathologist

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