

Poynton-Marsh Speech Services  
1632 Savannah Road, Suite 5  
Lewes, Delaware. 19958  
(302) 644-1220 (t)  
(302) 827-4382 (f)

**Date of Evaluation:** \_\_\_\_\_

**Who referred you to our office?** \_\_\_\_\_

**Identifying and Family Information:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M\_\_ F\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Child lives with (check one):

Birth Parents.      Foster Parents \_\_\_\_\_

Adoptive Parents.      Parent and Step-Parent \_\_\_\_\_

Other children in the family:

Name / Age

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Grade: \_\_\_\_\_

Child's race/ethnic group:

Caucasian, Non-Hispanic  Hispanic. African-American

Native American  Asian or Pacific Islander. Other \_\_\_\_\_

Is there a language other than English spoken in the home? Yes \_\_\_ No \_\_\_

What additional language is spoken at home? \_\_\_\_\_

Does the child speak the language?  Yes  No

Does the child understand the additional language?  Yes  No

Who speaks the language? \_\_\_\_\_

Which language does the child prefer to speak at home? \_\_\_\_\_

**Speech-Language-Hearing**

Do you feel your child has a speech problem?  Yes  No

If yes, please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you feel your child has a hearing problem?  Yes  No

If yes, please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has he/she ever had a speech evaluation/screening?  Yes  No

If yes, where and when?

\_\_\_\_\_

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What were you told?

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Has he/she ever had a hearing evaluation/screening?  Yes  No

If yes, where and when?

What were you told?

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Has your child ever had speech therapy?  Yes  No

If yes, where and when?

What was he/she working on?

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Has your child received any other evaluation or therapy (physical therapy, counseling, occupational therapy, vision, etc.)?  Yes  No

If yes, please

describe.

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Is your child aware of, or frustrated by, any speech/language difficulties?

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What do you see as your child's most difficult problem in the home?

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What do you see as your child's most difficult problem in school?

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Has your child had any of the following?

- adenoidectomy
- allergies
- breathing difficulties
- chicken pox

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- colds
- ear infections. If so, how often? \_\_\_\_\_
- ear tubes
- encephalitis  flu
- head injury  high fevers  measles
- meningitis  mumps
- scarlet fever
- seizures
- sinusitis
- sleeping difficulties
- thumb/finger sucking habit  tonsillectomy
- tonsillitis
- vision problems

**Birth History**

Was there anything unusual about the pregnancy or birth?  Yes  No

If yes, please describe.

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How old was the mother when the child was born? \_\_\_\_\_

Was the mother sick during the pregnancy?  Yes  No

If yes, please describe.

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How many months was the pregnancy? \_\_\_\_\_

Did the child go home with his/her mother from the hospital?  Yes  No

If child stayed at the hospital, please describe why and how long. \_\_\_\_\_

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**Medical History**

Other serious injury/surgery:

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Is your child currently (or recently) under a physician's care?  Yes  No

If yes, why? \_\_\_\_\_

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Please list any medications your child takes regularly or provide list to copy:

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### Developmental History

Please tell the approximate age your child achieved the following developmental milestones:

\_\_\_\_\_ sat alone  
\_\_\_\_\_ babbled  
\_\_\_\_\_ put two words together  
\_\_\_\_\_ walked  
\_\_\_\_\_ grasped crayon/pencil  
\_\_\_\_\_ said first words  
\_\_\_\_\_ spoke in short sentences  
\_\_\_\_\_ toilet trained

Does your child:

- choke on food or liquids?
- currently put toys/objects in his/her mouth?

### Current Speech-Language-Hearing

- repeat sounds, words or phrases over and over?
- understand what you are saying?
- retrieve/point to common objects upon request (ball, cup, shoe)?  follow simple directions ("Shut the door" or "Get your shoes")?
- respond correctly to yes/no questions?
- respond correctly to who/what/where/when/why questions?

### Your child currently communicates using...

- body language.
- sounds (vowels, grunting).
- words (shoe, doggy, up).
- 2 to 4 word sentences.
- sentences longer than four words.
- other \_\_\_\_\_.

### Behavioral Characteristics:

- cooperative
- attentive
- willing to try new activities
- plays alone for reasonable length of time  separation difficulties
- easily frustrated/impulsive
- stubborn
- restless
- poor eye contact
- easily distracted/short attention  destructive/aggressive
- withdrawn
- inappropriate behavior
- self-abusive behavior

### School History

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If your child is in school, please answer the following:

Name of school and grade in school: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Has your child repeated a grade? \_\_\_\_\_

What are your child's strengths and/or best subjects? \_\_\_\_\_

Is your child having difficulty with any subjects? \_\_\_\_\_

Is your child receiving help in any subjects? \_\_\_\_\_

Additional Comments  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date