# Developmental Questionnaire

Date _____

Child's name _____

Age _____ DOB _____/_____/_____ Sex ☐ M / F ☐

Referred by _____

Please describe the child's speech/language difficulties_____

_____

_____

_____

Child's first language _____ Child's second language _____

Person filling out this form _____ Relationship to child _____

# Family & Social Information

## Parents

Parent 1 Name _____

Preferred Phone Number _____ Type: ☐ Cell ☐ Work ☐ Home

Additional Phone Number _____ Type: ☐ Cell ☐ Work ☐ Home

Email Address _____

Home Address _____

Occupation/Employer _____

Birthplace _____ Age _____ First Language _____

Parent 2 Name _____

Preferred Phone Number _____ Type: ☐ Cell ☐ Work ☐ Home

Additional Phone Number _____ Type: ☐ Cell ☐ Work ☐ Home

Email Address _____

Home Address _____

Occupation/Employer _____

Birthplace _____ Age _____ First Language _____

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Rite Care
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# Additional Family Information

Parents are Married ☐ Never Married ☐ Separated ☐ Divorced ☐ Deceased ☐

Child resides with Both parents ☐ Parent 1 ☐ Parent 2 ☐ Other ☐

Primary Caregiver (if other than above named parent) _____

Relationship to child _____ Phone Number _____

Birthplace _____ Age _____

Does family have a history of speech and language difficulties? ☐ Y ☐ N

If yes, please explain _____

_____

# Siblings

| Name | Age | Sex |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

# Education

Does the child attend preschool, school, or daycare? ☐ Y ☐ N (If yes, complete this section)

Name of Preschool/School/Daycare _____

Grade _____ Teacher _____

Has the child's teacher or daycare provider expressed concerns regarding the child's speech and/or language? ☐ Y ☐ N

If yes, please explain _____

_____

_____

# Health Information

## At Present

Describe the child's general health _____

Has your child received all required immunizations for his/her age? ☐ Y ☐ N

**All children must be up to date on all required immunizations prior to enrollment.*

**Does your child…**

Wear glasses? ☐ Y ☐ N

Have allergies? ☐ Y ☐ N

List _____

_____

Currently see a physician for conditions other than regular check-ups? ☐ Y ☐ N

Please explain _____

_____

Take medication? ☐ Y ☐ N

If yes, please list medication, why it is used, and frequency _____

_____

_____

Seem to be emotionally and mentally healthy? ☐ Y ☐ N

If no, please explain _____

_____

Have a primary diagnosis of something other than speech and language delay (i.e. Autism, Intellectual Disability, Cerebral Palsy, etc.)? ☐ Y ☐ N

If yes, please explain _____

_____

**In keeping with statewide California Scottish Rite Foundation guidelines, we are unable to accept children who have a diagnosis of Intellectual Disability, Deafness, Cerebral Palsy, Autism or Neurological Disorders.*

See an orthodontist? ☐ Y ☐ N

If yes, for what reason? _____

_____

Have any feeding/sucking/ swallowing difficulties? ☐ Y ☐ N

If yes, please explain _____

_____

Have any hearing issues? ☐ Y ☐ N

Date of most recent hearing screening _____ Results_____

Have a history of ear infections? ☐ Y ☐ N

If yes, Frequency _____ Treatment_____

Do/Have any of the following? (Check all that apply)

- ☐ Suck thumb or fingers
- ☐ Drool
- ☐ Open bite/overbite/underbite
- ☐ Open mouth at rest
- ☐ Enlarged adenoids or tonsils

## At Birth

Is the child adopted? ☐ Y ☐ N Length of Pregnancy _____

Was the delivery normal? ☐ Y ☐ N

If no, please explain _____

_____

Was the mother's health good during pregnancy? ☐ Y ☐ N

If no, please explain _____

_____

During pregnancy, did the mother

Smoke? ☐ Y ☐ N Drink Alcohol? ☐ Y ☐ N Use Drugs? ☐ Y ☐ N

Child's weight/condition at birth _____

## Development

At what age did your child reach the following developmental milestones?

Sat up alone _____ Crawled _____ Walked alone _____ Dressed Self _____

Toilet Trained _____ Say First Word _____ Combine Words _____

Motor coordination is Good ☐ Fair ☐ Poor ☐

## Behavior & Discipline

Does your child play with other children? ☐ Y ☐ N

Does your child prefer to play with people? ☐ or things? ☐

What seems to motivate your child? _____

What pleases you most about your child's behavior? _____

What bothers you most about your child's behavior? _____

What method of discipline is used at home? _____

# Communication Development

When did your child's speech/language first concern you? _____

_____

How has the family attempted to improve the child's communication ? _____

_____

What are your areas of speech/language concern? (please check all that apply to your child)

- ☐ Specific speech sound/s
- ☐ Understanding in conversation
- ☐ Stuttering
- ☐ Voice
- ☐ Answering questions
- ☐ Following directions
- ☐ Putting words together
- ☐ Grammar and sentence structure
- ☐ Telling stories about past events
- ☐ Understanding what you are saying
- ☐ Limited or low vocabulary
- ☐ Other _____

# Previous Evaluations/Services

**Has your child been seen or evaluated by a**

Speech-Language Pathologist? ☐ Y ☐ N

Name _____ Agency _____ Date _____

Developmental Psychologist? ☐ Y ☐ N

Name _____ Agency _____ Date _____

Occupational Therapist? ☐ Y ☐ N

Name _____ Agency _____ Date _____

**Please attach any other Speech and Language reports, IEPs, or developmental evaluations previously completed. Reports must be received prior to scheduling an evaluation.*

**Please attach documentation of all vaccinations in the form of your child's immunization record or a signed statement from a medical doctor.*

# Authorization to Share Protected Health Information

I give permission for authorized personnel at the San Diego RiteCare Childhood Language Center to share health, medical, and educational information about my child (including information about early development, communication and speech development and status, behavioral and disciplinary information, records, reports, diagnosis and treatment as well as education history, records and reports and test scores) with teachers, doctors, and other professionals involved with the care of my child.

_____ _____

Child's Name Date of Birth

_____ _____

Parent/Guardian Name (please print) Relationship to the Child

_____ _____

Parent/Guardian Signature Date

# Speech Services Survey

Date_____

Child's Name_____ DOB_____

Parent's Name_____ Phone_____

Address_____

_____

Is your child receiving speech-language therapy in school? ☐ Y ☐ N

If you answered YES, please include the following information

Name of therapist_____

School_____

Number of times per week_____

Length of therapy sessions_____

Individual or group therapy_____

If group, how many children in the group_____

Does your child receive any speech-language therapy other than in the schools? ☐ Y ☐ N

If you answered YES, please provide the following information

Agency providing the therapy_____

Name of therapist_____

Number of times per week_____

Length of therapy sessions_____

Is treatment individual or group_____

If group, how many children in the group_____

*** It is important that you list all speech-language therapy services that your child presently receives to avoid any complications at a later date.*

# Authorization Form

_____ I hereby give permission for my child to participate in a speech and language evaluation at the San Diego RiteCare Childhood Language Center. I understand that the purpose of this evaluation is to determine the nature and extent of my child's speech and/or language difficulties. This evaluation will be performed by a certified, licensed speech-language pathologist, a Clinical Fellow, or a graduate student clinician who is under the supervision of a certified, licensed speech-language pathologist. All reports regarding this evaluation will be confidential and remain in the Center files unless otherwise requested by me.

_____ I hereby give permission for speech-language therapy to be provided to my child at the RiteCare Childhood Language Center. This therapy shall be provided by a certified, licensed speech-language pathologist, a Clinical Fellow, or a graduate student clinician who is under the supervision of a certified, licensed speech-language pathologist.

_____

Parent/Guardian Signature

_____

Relationship to the Child

_____

Child's Name

_____

Date