

## Speech Language Intake Questionnaire

### General Information

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Language(s) Spoken at Home: \_\_\_\_\_

Person Completing Questionnaire: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Client lives with: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Any custody or guardianship information that we should be aware of?  
\_\_\_\_\_

School and Grade \_\_\_\_\_

Does the client have an \_\_\_\_\_ IEP \_\_\_\_\_ 504 \_\_\_\_\_ RTI/TITLE 1 \_\_\_\_\_ none

Medical or Educational Diagnoses:

I am interested in:

- Speech or Language Evaluation
- Speech or Language Consultation
- Speech or Language Therapy

The following areas are a challenge for my child:

- Articulation (saying all the sounds in speech)
- Using the correct word order in sentences
- Verb tenses, plurals, articles
- Vocabulary
- Organization
- Telling stories/Narrative Language
- Staying on topic
- Attention
- Voice
- Pragmatic or social language

Understanding what is said to him/her

Other, please describe: \_\_\_\_\_

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What are your goals for the evaluation or therapy? Please list any specific questions or concerns.