



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
- Pragmatic Language Evaluation
- Speech or Language Therapy

The following areas are of concern:

- 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: _____

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