

TOTAL *Kids* PEDIATRIC THERAPY

Please check all areas of concern that you would like the ST to be aware of: _____

What are one or two things that you would like ST to focus on initially that would make the biggest difference in your child's/your family's life? :

What is your child's primary mode of communication? (Gestures, signing, single words, short phrases, sentences, augmentative device, picture exchanging, etc.) :

How does your child get his/her needs met? (Pointing, grunting, taking item to you, requesting verbally, etc.) :

ST Areas of Concern

Please give an estimate of how many words are in your child's vocabulary; Receptive (words understood) & Expressive (words spoken)::

Does your child demonstrate frustration when he/she is not understood? If yes, please explain. :

How much of your child's speech do you understand? :

How much of your child's speech do others understand?:

Is there any information that would be helpful for the ST to know? :

Does your child have difficulty with specific sounds? If yes, which sounds?:

ST Areas of Concern

Does your child follow age-appropriate instructions?:

Does your child have hoarseness or trouble with frequently losing their voice?:

Does your child stutter? If yes, does this frustrate them?:
