

EDUCATION AND THERAPY ASSOCIATES, INC.

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Client History/Information

Child's name: _____ Today's date: _____

Date of birth: _____ Age: _____

Grade level: _____ School: _____

Mailing address: _____

Billing address: _____

Home phone number: _____

Cell phone numbers: _____

Work phone numbers: _____

Fax numbers: _____

E-mail addresses: _____

Referred by: _____

Name of person filling out this form: _____

Relationship to child: _____

For the following questions, feel free to use the back of this sheet if you need additional space to write.

What are your main concerns about this child? _____

What specific questions about this child do you have that you would like answered by this evaluation?_

What do you think may be causing these problems? _____

What have you tried in the past to deal with the problems? (tutoring? counseling?) _____

What do you consider to be this child's greatest strengths? _____

What do you consider to be this child's greatest weaknesses? _____

What are your child's hobbies and interests? _____

What are areas of general accomplishment? _____

What does your child dislike doing the most? _____

Family Information

Mother's name: _____ Father's name: _____

Father's Employer _____

Father's Social Security Number _____

Mother's Employment _____

Mother's Social Security Number _____

Please list any siblings and their ages: _____

What languages are spoken in your home? _____

First language _____ Others _____

Has anyone in the child's family had attentional difficulties, learning problems, behavioral problems, allergies, or chronic illness? If so, please explain:

Has your child been previously diagnosed with a condition that would affect his/her speech, language or learning development? _____

Previous Assessments/Treatment

Has the child been seen by any other professionals? (occupational therapy, physical therapy, audiologist, psychologist, learning specialist, neurologist) Yes _____ No _____

If yes, please list the dates and names of the evaluators below and include copies of test reports.

Development and Medical History

Is this child adopted? _____

Please describe the child's birth and medical history: _____

Have there been any major illnesses or surgeries? _____

Did the child reach developmental milestones within normal time limits? (walking, talking, toilet training)

Yes _____ No _____ If no, please explain: _____

Was there anything in the child's physical or mental growth that you or others were concerned about during the first three years of development? Yes _____ No _____ If yes, please explain:

Is your child taking any prescription medications? If yes, please explain _____

Has your child had a history of seizures, sleep disorders, or vision problems? If yes, please explain:

Has your child had a history of ear infections? (If so, how frequent? Tubes?) _____

Does your child mouth-breathe? Have a history of hoarse voice? Snore? Have allergies?

Speech/Language/Auditory Processing

Has your child had problems pronouncing certain sounds? _____

Has your child omitted sounds or syllables in a word? _____

Does he/she write words the same as he/she produces the words verbally? (i.e. “fumb” for thumb)

After you give directions to your child, does he/she often seem confused or need more information?

Does (or did) your child misunderstand questions? _____

Does your child appear to tune you out in the presence of background noise? _____

Does he/she get distracted if there is competing noise in the background? _____

Does he/she ask, “What”? or “Huh”? frequently? _____

Does (or did) your child have difficulty tolerating loud noises such as airplanes or vacuums?

Does your child explain situations or retell stories in a manner that is out of sequence or verbose, requiring you to ask numerous questions to fully understand the intent?

Does your child forget the names of people or things that are familiar? Does he/she frequently use vague language, referring to objects as ‘thingy’ or ‘stuff’? Does your child speak in complete sentences utilizing correct grammar?

How would you describe the child’s understanding of language, ability to express him/herself, speech productions and fluency? _____

Learning

Does your child experience difficulty with any of the following?

- learning names/sounds of letters
- printing/spacing letters when writing
- sounding out words
- spelling single words
- spelling in connected writing of sentences
- copying from the board
- copying from a book
- pencil grip
- understanding what he/she reads
- writing without breaking the pencil point or hand fatigue
- following classroom directions
- staying focused in class
- sitting still in class
- remembering sequences (days of the week, months of the year)
- time concepts
- completing homework assignments
- forget books/materials or assignments at school
- forgets to turn in or loses completed work
- learning math facts
- learning new vocabulary
- misunderstanding figurative language such as idioms (“Lets put our heads together.”)

