

San Jose State University, Dept. of Communication Disorders and Sciences  
 Kay Armstead Clinic for Communication Disorders  
**Application for Child Speech/Language Evaluation**

Date of Application: \_\_\_\_\_

Date received: \_\_\_\_\_

**Please read carefully**

Please attach ANY recent and relevant reports from your doctor, other speech therapist(s), and other therapy providers.

**A. Reason for Assessment**

What are you like to receive from this assessment? (Confirmation on a previous diagnosis, a diagnosis...)

**B. Client Information**

Name (Last, First, Middle)		Date of Birth
Place of Birth (Country, State, City)	Gender: (circle one) <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Male</span> <span>Female</span> </div>	
Street Address:	Home phone:	
City, state, Zip	Cell Phone:	
Email:	Other:	

**C. Family Information:**

**Mother**

Name of Parent/Guardian	Relationship to Child
Street Address: (if different from above)	Home phone:
City, state, Zip	Cell Phone:
Email address:	Work Phone:
Occupation:	Years of School Completed:

**Father**

Name of Parent/Guardian	Relationship to Child
Street Address: (if different from above)	Home phone:
City, state, Zip	Cell Phone:
Email address:	Work Phone:
Occupation:	Years of School Completed:

**Sibling Information:**

Full Name:	Birth date:	Speech or hearing difficulties:
Full Name:	Birth date:	Speech or hearing difficulties:
Full Name:	Birth date:	Speech or hearing difficulties:
Who lives in the home?		
If any members of the family who have speech and/or hearing difficulties or have had them in the past. Please describe:		

**D. Client Reference Information:**

Who referred you to this clinic?		
Person filling out this form?		Relation to the client?
Languages spoken:	Primary language:	secondary language:
What percentage of the day is the primary language spoken by the client?		What percentage of the day is the secondary language spoken by the client?

**E. Birth History**

Were there any complications during the pregnancy? If yes, please explain.
Was the child born full-term? If no, please explain.
Were there any complications during birth? If yes, please explain.

**F. Developmental History:** At what age did the child master the following skills?  
(Please make your answers as specific as possible.)

Sits without support:	Walk alone:
Begin to say single words:	Put two words together:
Say sentences of 3+ words:	Follow 1 step directions (Give me the bear):
Follow 2 step directions (go get your shoes and put them in the closet):	Tell a story with 3 or more parts:
How many words does your child have?	Does your child understand what you say without gestures or visuals?

### G. Educational and Social History:

Has the child had difficulties in school? If yes, please explain.
Most difficult subjects:
Have teachers commented on the child's educational and/or social skills? If yes, please explain.
How does the child get along with other children?

### H. Client Medical History:

Family doctor:	Doctor address:	
Has the client had any significant illnesses, accidents, or surgeries? If yes, please explain.		
Check the conditions below the client has had:		
Ear infections:	Age:	Severity:
Allergies:	Age:	Severity:
Has the client had seizures or convulsions? If yes, please explain:		
Has the client had been hospitalized? If yes, please explain:		
Does the client hear normally? If no, please explain:		
Has the client had a hearing screening?	Location, name of examiner, findings and recommendations:	
Have others (teachers, neighbor, physician) suggested the client does not hear normally? If yes, please explain:		
Please check below the devices the client has worn or is currently wearing:		
<input type="checkbox"/> Glasses <input type="checkbox"/> Braces <input type="checkbox"/> Hearing aides <input type="checkbox"/> Other devices:		

**I. Client Speech and Language Background:**

Does the client's early speech and language development seem normal? If no, please explain:		
When was the client's speech and/or language problem first noticed?		
How does the client react to the speech and/or language problem?		
Have other people noticed the client's problem? If yes, please explain:		
Has the client been examined by a speech-language pathologist or received any help for this problems?		
Name of therapist:	Place:	Recommendations:
Name of therapist:	Place:	Recommendations:
Please add any additional information which may have a bearing on the client's speech and/or hearing problems:		