

Supplemental Communications: 5 years and older Intake Assessment

Current grade: _____ Regular education Special education
Name of school _____ Phone _____
Teacher _____
How often does your child attend school (full-time, half-days, etc.)? _____

Does your child have an IEP? Yes No **504 Accommodations?** Yes No

If no, have they ever had one in the past? Yes No

If yes, when is the date of last assessment? _____

Language Comprehension

How well does your child understand language? (Check the things your child can do most of the time.)

- Understands environmental cues (asks for food when you are in the kitchen, wants to go out when someone goes to the door)
- Understands highly meaningful words (e.g., mom, dad, book, cracker, juice, book, etc.)
- Shows understanding by: Looking at person or object Pointing to person or object Searching for object named when out of sight
- Follows one-step directions with gesture cues (e.g., “give me _____” as speaker points)
- Follows one-step directions without gesture cues (e.g., “pick up your toys”)
- Follows two-step related directions (e.g., get your shoes and give them to me)
- Follows two-step unrelated directions (e.g., take off your shoes and get your cup)
- Follows three-step or more complex directions (e.g., before picking up the keys, give me the fork and then put on your shoes)
- Understands conversations

Comments

*Does your child answer questions? (Check **any** that apply.)*

- Yes/No questions (e.g., Do you want some juice?)
- What is that?
- What is she/he is doing?
- Where is X?
- How many X are there?

Does your child recognize: (Check those that apply.)

- Pictures of family members
- Pictures of objects like toys or foods
- Line drawings of objects
- Letters

Expressive Communication

Did your child meet developmental language milestones on time (i.e., babbling, words, word combinations etc.)?

- Yes No

If no, please explain: _____

*How does your child primarily communicate? (Check the things your child does **most of the time.**)*

- Uses behavior: Screams Yells Throws self-down on floor Pulls away
 Hits
- Uses gestures: Pulls Pushes you Points Shows Gives
- Uses single words: Example _____
- Uses memorized phrases: Example _____
- _____
- Uses sentences: Example _____
- Holds conversations: Example _____
- Tells stories: Example _____

Comments

Do you notice any of the following behaviors in your child's communication?

- Difficulty initiating and/or word finding difficulties
- Difficulty taking turns in conversation
- Difficulty staying with the topic; changes topic frequently or insists on one topic
- Unrelated or off-topic comments or questions
- Difficulty organizing thoughts and ideas
- Use of fillers like "um" or "well"
- Use of general terms instead of specific words like "stuff" or "thing"

Articulation

How well can people understand your child's speech? (Choose one.)

- Most people can understand nearly all that they say (over 85% of spoken language)
- Close family members can understand but others have trouble understanding
- Most people have trouble understanding

Amount understood by:

Family 0-25% 25-50% 50-75% 75-95% 95-100%

Extraordinary *care*. Extraordinary *caring*.SM

Familiar listeners	0-25%	25-50%	50-75%	75-95%	95-100%
Unfamiliar listeners	0-25%	25-50%	50-75%	75-95%	95-100%
Other: _____	0-25%	25-50%	50-75%	75-95%	95-100%

Which sounds does your child mispronounce or omit?
_____Is your child's speech: Normal Too fast Too slow Too soft Too loud
 MumbledDoes your child's voice sound: Normal Too high Too low Hoarse Nasal**Fluency**Does your child ever stutter and or stammer? Yes No Sometimes
If yes, how long has your child been stuttering?
_____Does their fluency change with location, time of day or with different people? Yes No N/AHow often do they stutter and how would you describe the stuttering (my child repeats initial sounds, holds out sounds, pushes without sound coming out, etc.)?
_____**Check any area(s) of concern:**

- Behavior
- Shy/timid
- Aggressive
- Impulsive
- Repetitive
- Overactive
- Difficulty making friends
- Other _____

Learning Skills

- Attention
- Memory
- Task completion
- Completing homework assignments
- Listening/following directions
- Organizational skills
- Other _____

Academic Achievement

- Reading
- Writing
- Spelling
- Mathematics

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- Science
- Other _____

Physical/Health

- Complains of headaches or other ailments
- Appears to be overtired
- Less coordinated than most peers
- Decreased awareness of self-care needs
- Other _____

Behavior and Social Interactions

Do you have any concerns about your child's social interactions? Yes No

If yes, please describe:

Do you have any concerns about your child's behavior? Yes No

If yes, please describe:

Describe your child's favorite free time activities (e.g., computer, sports, reading, spending time with friends, groups like Scouts or 4-H, arts and crafts, etc.):

Do you have any other comments or concerns about your child?
