Merritt Speech & Learning

"The proper diagnosis is critical to remediation."

Questionnaire - Child or Adolescent

Speech, Language or Learning Disabilities

Date_____

Name_____

Age_____ Birth date_____ Sex M____ F____

Address_____

City_____ State_____ Zip_____

Phone_____

Person completing form_____

Relationship to client_____

Name of referring Doctor, Agency, or friend:

_____

Their specialty_____

Address_____

Phone_____

Has the child had any previous testing either at school or through a private agency?_____

If so, give the name of the agency and the dates tested:

Name_____ Date_____

Address_____

Why is this evaluation being requested?

Do other family members have similar problems?_____

Explain:

FAMILY INFORMATION

FATHER:

Father's Name_____ Age_____

Address [same] or_____

Phone_____ Email_____

Cell Phone_____

Occupation_____

Business Phone_____

Employer_____

Health: ____Good ____Fair ____Poor

Education completed:_____

MOTHER:

Mother's Name_____ Age_____

Address [same] or_____

Phone_____ Email_____

Cell Phone_____

Occupation_____

Business Phone_____

Employer_____

Health: ____Good ____Fair ____Poor

Education completed:_____

List all children in the family from the oldest to the youngest:

Name_____ Age____ Health_____

Name_____ Age____ Health_____

Name_____ Age____ Health_____

Name_____ Age____ Health_____

Name_____ Age____ Health_____

Name_____ Age____ Health_____

Is any language other than English spoken in the home?_____

What language?_____

What is your nationality?_____

BIRTH HISTORY

Weight of child at birth_____ Was child full term?_____

Were there any unusual factors relating to the pregnancy (such as toxemia, x-ray treatments, RH negative, German measles, other illnesses, drugs or medication)?

Type of birth:

___normal ___induced ___forceps ___Caesarean

___breech ___premature ___unknown ___adopted

DEVELOPMENTAL HISTORY

In early childhood, did the child have any feeding problems, such as poor control of sucking, swallowing, food allergies, stomach problems etc?

___Yes ___No

Describe:

Do you feel the child was late or had difficulty in the development of any of the following behaviors: ____Yes ____No

Sitting	____Yes ____No
Walking	____Yes ____No
Eating solid foods	____Yes ____No
Self-feeding	____Yes ____No
Crawling	____Yes ____No
Self-dressing	____Yes ____No
Standing alone	____Yes ____No
Bladder and bowel control	____Yes ____No

Which hand does the child prefer?_____

Does the child have any present problems in eating or sleeping?_____

Does he/she have any nervous habits?

_____

How would you describe your child?

Do you believe that your child is now well coordinated in walking, using his hands, running, riding a tricycle or bike, etc.? ___Yes ___No

Explain:_____

MEDICAL FACTORS

Present weight_____ Present height_____

Doctor most familiar with child_____

Doctor's phone number_____

Childhood diseases:

Measles ____Yes ____No
Rheumatic Fever ____Yes ____No
Mumps ____Yes ____No
Chicken Pox ____Yes ____No
Whooping Cough ____Yes ____No
Pneumonia ____Yes ____No
Other _____

Current medications:_____

Frequent colds, frequent sore throats?_____

Allergies, asthma, hay fever, etc?_____

Does he tend to breathe with his mouth open?_____

Has the child had any operations?____ Specify:_____

Have tonsils and adenoids been removed?____ When?_____

Has he had any trouble with his ears, such as earaches, infections, evidence of hearing loss?_____

Has hearing been tested?_____ When_____

Have his/her eyes been screened?_____ When_____

Has he/she ever worn glasses or had any difficulty with his eyes?_____

Explain:_____

Optometrist_____ Phone_____

Has your child ever had a concussion? ____Yes ____No

If yes, details:

EDUCATION

Present grade_____ Name of School_____

Teacher's name_____

Does he/she like school?_____

Does he/she like his teacher?_____

Are any school subjects difficult for him/her?_____

Has he/she ever failed or skipped a grade?_____

What are his/her best subjects?_____

Have you ever discussed the problems with his/her teacher?_____

Does he attend special classes?_____
(e.g. speech therapy, language development, reading clinic, etc.)

How does the teacher describe your child's behavior in school?

____ poor work habits
____ does not pay attention
____ does not listen
____ does not use time and materials effectively
____ written work careless
____ talks too much
____ disruptive
____ lonely
____ does not discipline himself
other_____

What kind of grades does your child receive?

____A's
____A's & B's
____B's
____B's & C's
____C's
____C's & D's
____D's
____D's & F's
____F's
____Inconsistent grades, Describe:

_____

What type of study habits does your child demonstrate?

_____

What are your child's two favorite past times?

_____

List the schools attended in the last 5 years:

LANGUAGE DEVELOPMENT

How old was the child when he/she first started to use words?_____

How old was the child when he/she first made sentences?_____

Does he/she have a speech problem?_____

Describe:_____

When did you first notice it?_____

If no speech problem now, did he/she ever have one?_____

Describe:_____

Has the child had any help for this difficulty?_____

Place_____

Dates_____

Has speech noticeably changed in the last six months?_____

What do you believe is the main cause of his speech/language difficulty?

I give my permission for my child to be tested:

X _____

Do you want a copy of this report sent to any one?_____

Who?_____

BILLING INFORMATION

Who is responsible for the bill?

Name_____

Phone Number_____

Address_____

Employer_____

Business Address_____

Business Phone_____

Occupation_____

Insurance forms will be filled out if you provide the form. However, please note that we do not accept assignment and you, NOT THE INSURANCE COMPANY, will be responsible for the charges.

Evaluation fees are payable at the time of the testing unless advance arrangements have been made with this office.

DIRECTIONS TO OUR OFFICE

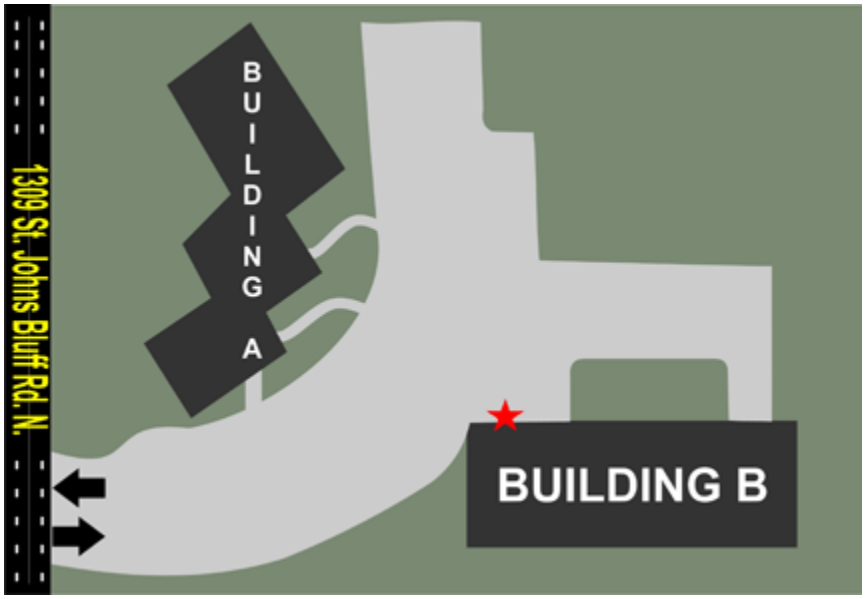
Merritt Speech & Learning
1309-110 St. Johns Bluff Road North
Jacksonville, FL 32225

Phone: 904-721-4122 Fax: 904-721-4112

Email: dana@merrittspeech.com

We are located 0.3 miles from Monument Rd.
or
1.3 miles from Atlantic Blvd.

at 1309 St. Johns Bluff Rd N.
Building B
Come inside and we are Suite 110



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