

OTTESEN THERAPIES

1143 S Grand Avenue, Glendora, CA 91740
phone (650) 393-3135 e-mail ottesentherapies@gmail.com
www.ottesentherapies.com

IDENTIFYING INFORMATION

Child's Name _____ Birthdate _____ Sex _____

Address _____
Street City State Zip

Parents _____ Caregiver _____

Phone: Home _____ Work _____ Cell _____ Email _____

Pediatrician _____ Referral source _____

DESCRIPTION OF THE PROBLEM

Describe child's speech and language problems

When and how did you become aware of the problems?

FAMILY

	Name	Age	Occupation	Education
Parent	_____	_____	_____	_____
Parent	_____	_____	_____	_____

Parents are: married _____ separated _____ divorced _____ widowed _____ partnered _____

Is child adopted? _____ If so, when? _____

Children in the family

Name	Age	School status	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Others living in the home

Name	Age	Relationship to child
_____	_____	_____
_____	_____	_____

Primary language at home _____ Other languages spoken _____
Primary language of child _____ % of second language use by child _____

Have any family members had: (Please describe)

Speech/lang. problems _____	Allergies _____
Hearing impairments _____	Behavior problems _____
Neurological problems _____	Learning problems _____
Chronic illnesses _____	Others (please specify) _____

List and describe relevant special services which family members have received from specialists such as speech pathologist, psychologist, neurologist, ENT specialist, tutor, etc.

EARLY DEVELOPMENT

Pregnancy and Birth

How many pregnancies has mother had? _____ Which pregnancy was this child? _____
Any miscarriages or stillbirths? _____ How many living children? _____

During the pregnancy with this child was there:

Anemia _____ Rh Incompatibility _____ Smoking _____ Medication (specify) _____
Diabetes _____ German Measles _____ Alcohol/drugs _____ Injuries (specify) _____

Anything unusual during this pregnancy? _____

This child's labor / delivery / birth were:

Full term _____ Premature _____ # of weeks _____ Birthweight _____
Normal _____ Caesarian _____ Breech _____ Apgar score _____
Complications? _____
Cyanosis _____ Jaundice _____ Incubator _____ How long? _____

Problems with: Nursing _____ Sucking _____ Swallowing _____ Drooling _____?

Any problems during the first month? _____

Developmental Milestones

List the ages at which the following skills emerged:

Sat _____ Crawled _____ Stood alone _____ Walked alone _____

Bladder control _____ Bowel control _____ Night trained _____

Dressed w/supervision _____ Fed self w/supervision _____

Anything in his/her development that concerned you the first 18 months? _____

HEALTH AND MEDICAL

Give ages at which child had any of the following:

Measles _____
Mumps _____
Chicken Pox _____
High fevers _____
Meningitis _____
Encephalitis _____
Concussions _____
Seizures _____
Frequent falls _____

Skull fractures _____
Limb fractures _____
Ingestion of poison _____
Upper respiratory infections _____
Ear infections _____
Bronchitis/Pneumonia _____
Allergies _____
Others (list) _____
Others (list) _____

Describe and give ages of child's hospitalizations, including emergency room: _____

Child's general health is _____

Current medications or treatments: _____

Any allergies, dietary restrictions, medication needs we should be aware of? _____

Does child have:

Visual defects _____ Glasses _____ Hearing defects _____ Hearing aids _____

Oral defects (teeth/tongue/jaw/palate) _____ Orthopedic defects _____

Has child been seen by specialists? _____ List name, specialty, child's age, and results of consultation.

Please include date and results of most recent hearing test and/or screening.

SPEECH AND LANGUAGE

Did child make sounds in first 6 months? _____ Imitate & repeat sounds by 9-12 months? _____

First word was " _____ " at age _____ 2-3 word phrases were used at age _____

Average # of words in utterances now: _____ Examples: _____

Did speech/lang. slow down or stop? _____ Describe: _____

His/her speech is _____% understandable to parents and _____% understandable to others.

Which is true of the child's language development (check 1 in each area)

Understanding

___ Understands tone of voice and gestures

___ Responds to simple 1-step verbal commands

___ Responds to wh questions and series of directions

___ Understands stories and and conversational speech

Expression

___ Communicates with tone of voice and gestures

___ Uses 1-20 recognizable consistent single words

___ Uses 50+ single words and short sentences

___ Converses at complex sentence level

Speech

___ Not understandable; not intelligible

___ Understandable to family only

___ Understandable to most other listeners

___ Speech is completely intelligible

Does child know there is a problem? _____ How does child react? _____

Does child try to self-correct? _____ How? _____

Has the family tried to help child? _____ How? _____

EARLY BEHAVIOR AND SOCIAL SKILLS

Check those behaviors which describe your child.

___ Mostly random actions

___ Brief att'n to structured tasks

___ Maintains att'n for activities

___ Inconsistent response to rewards

___ Responds to food reinforcement

___ Responds to prizes/social praise

___ Does not yet imitate

___ Imitates motor & play tasks

___ Imitates sounds & words

___ Unaware/avoids/ignores others

___ Interacts w/ familiar people

___ Interacts well-adults & peers

___ Very high activity

___ Impulsive behavior

___ Inflexible, rigid

___ Plays mostly alone

___ Parallel play

___ Interactive play

Age of most frequent playmates _____ Child's personality is: _____

Favorite: toy _____ game _____ activity _____ TV show _____ food _____

Any concerns about behavior or social skills? _____

EDUCATION

List the child's school history. Include nursery and preschool.

School

Grades or Ages

Location

Hours per Week

Current grade: _____ School: _____ Teacher: _____
Any grades repeated? _____ Which? _____ Why? _____
Strongest school subjects _____ Weakest school subjects _____

Describe any special problems in school _____
Special school or private educational services the child has received _____

MISCELLANEOUS

What is your greatest concern at this time? _____

Who else has voiced concerns? _____ Their comments: _____

Any further information which may be pertinent?

Any specific questions you would like to discuss?

Signature

Relationship to Child

Date