



## Shoreline Speech Therapy

### Preschool Screening Intake and History Form

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_ S-LP: \_\_\_\_\_

#### CLIENT INFORMATION

\_\_\_\_\_  
Name Date of Birth Age Gender

\_\_\_\_\_  
Guardian's Name Relationship

\_\_\_\_\_  
Guardian's Name Relationship

\_\_\_\_\_  
Email Address Phone Number

\_\_\_\_\_  
Street Address (where we would send the report) City Postal Code

Has your child ever seen a speech-language pathologist before? ☐ yes ☐ no

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do any of the following apply to your child?

- ☐ known or suspected autism
- ☐ other diagnoses or conditions (provide information below)
- ☐ chronic ear infections
- ☐ hearing loss

Additional information: \_\_\_\_\_

\_\_\_\_\_

At approximately what age did your child achieve the following communication milestones:

Said first words: \_\_\_\_\_

Put two words together: \_\_\_\_\_

Spoke in short sentences: \_\_\_\_\_

Is there anyone in your child's family with current or past speech, language, or hearing issues?

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Do you have any *specific* concerns about any of the following?:

- ☐ speech sound development (e.g., how *clear* their speech is)
- ☐ fluency (e.g., stuttering)
- ☐ expressive language (e.g., vocabulary, grammar, expressing ideas)
- ☐ comprehension of what others say
- ☐ early literacy skills
- ☐ hearing
- ☐ voice quality

Additional information: \_\_\_\_\_

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COVID-19 Risk Assessment: Does the child and/or the person who would accompany him/her...(check all that apply)

- ☐ ...have a medical condition that makes them susceptible to COVID-19 (contracting or more severe illness)?
- ☐ ...been outside of Atlantic Canada in the last 14 days?
- ☐ ...been in close contact (<6') of someone with COVID-19?
- ☐ ...tested positive for COVID-19 or have a swab pending?
- ☐ No to all.

### **ADDITIONAL COMMENTS**

If there is any other relevant information you wish to share about your child, please do so here.

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