



LEAPS IN LANGUAGE

"ACHIEVING SPEECH, LANGUAGE AND ACADEMIC SUCCESS"

Child Application

Full Name _____

Date of Birth _____ Gender _____

Current School _____ Current Grade _____

Parent Information

Please fill out information for each parent individually.

	Custodial Parent Check One		Custodial Parent Check One		Non-Custodial Parent Check One		Non-Custodial Parent Check One	
	Mother Father	Step Mother Step Father	Mother Father	Step Mother Step Father	Mother Father	Step Mother Step Father	Mother Father	Step Mother Step Father
Name								
Age								
Address								
City, State Zip								
Home Phone								
Cell Phone								
Work Phone								
Other Contact #								
Email Address								
Employer								
Occupational/Title								

Family Information

Other Family/Household Members	Relation to Applicant	Date of Birth	School Grade/Occupation

Miscellaneous Information

If any questions require further explanation than the space provided, attach a separate page.	
Who referred you to this office?	
Is a language other than English regularly spoken at home?	
What is the child's primary language?	

Describe the child's speech-language or learning problem.

How does the child usually communicate (gestures, single words, short phrases, sentences)?

When was the problem first noticed and by whom?

What do you think may have caused the problem?

Has the problem changed since it was first noticed?

Is the child aware of the problem? If yes, how does he or she feel about it?

Previous medical examinations, hospitalizations, psychological testing, speech testing,
or contact with social work agencies, public health or mental health clinics:

Date	Name/Place	Reason for Examination	Results of Examination

Have any other speech-language specialists seen the child? Who and when? What were their conclusions or suggestions?

Leaps in Language
18096 Kings Row Suite G ♦Houston, TX 77058
(Office) 832-654-1778
(E-Mail) leapsinlanguage@sbcglobal.net

Are there any other speech, language, or hearing problems in your family? If yes, please describe.

Prenatal and Birth History

Mother's general health during pregnancy (illnesses, accidents, medications, etc.)

Length of pregnancy: _____ Length of labor: _____

General condition: _____ Birth weight: _____

Circle type of delivery: head first feet first breech Caesarian

Were there any unusual conditions that may have affected the pregnancy or birth?

Medical History

Health Information

If any questions require further explanation than the space provided, attach a separate page.	
Does your child have any allergies to food?	
Does your child have any serious allergies that may result in anaphylactic shock?	
Does your child have any existing illness of which we should be aware?	
Have there been any negative reactions to medication?	
Is your child taking any medications on a long-term basis? Please list and give dosage info.	

Provide the approximate ages at which the child suffered the following illnesses and conditions:

Asthma _____ Chicken Pox _____ Colds _____ Convulsions _____
 Croup _____ Dizziness _____ Draining ear _____ Ear Infections _____
 Encephalitis _____ German Measles _____ Headaches _____ High Fever _____
 Influenza _____ Mastoiditis _____ Measles _____ Meningitis _____
 Mumps _____ Pneumonia _____ Seizures _____ Sinusitis _____
 Tinnitus _____ Tonsillitis _____ Other _____

Has the child had any surgeries? If yes, what type and when (e.g., tonsillectomy, tube placement, etc?)

Describe any major accidents or hospitalization.

Leaps in Language
 18096 Kings Row Suite G ♦Houston, TX 77058
 (Office) 832-654-1778
 (E-Mail) leapsinlanguage@sbcglobal.net

Developmental History

Provide the approximate age at which the child began to do the following activities:

Crawl _____ Sit _____ Stand _____

Walk _____ Feed Self _____ Dress self _____

Use toilet _____

Use single words (e.g., no, mom, doggie, etc.): _____

Combine words (e.g., me go, daddy shoe, etc.): _____

Name simple objects (e.g., dog, car, tree, etc.): _____

Use simple questions (e.g., Where's doggie? Etc.) _____

Engage in a conversation: _____

Does the child have difficulty walking, running, or participating in other activities, which require small or large muscle coordination?

Are there or have there ever been any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing, etc.)? If yes, describe.

Describe the child's response to sound (e.g., responds to all sounds, responds to loud sounds only, inconsistently responds to sounds, etc.).

Educational History

School History

Dates Attended (most recent first)	Age/Grade	School Name City/State

How is the child doing academically (or preacademically)?

Leaps in Language
 18096 Kings Row Suite G ♦ Houston, TX 77058
 (Office) 832-654-1778
 (E-Mail) leapsinlanguage@sbcglobal.net

Please describe your child’s academic strengths and weaknesses as they apply to reading, writing, spelling and math.

Please describe your child’s strengths and weaknesses as they apply to classroom behavior.

Does the child receive special services? If yes, describe.

Please describe your child’s strengths and weaknesses as they apply to social skills and friendships.

If enrolled for special education services, has an Individualized Educational Plan (IEP) been developed? If yes, describe the most important goals.

Authorization for Emergency Medical Attention

In the event that I cannot be reached to arrange for emergency medical attention, I authorize the staff of Leaps in Language to either contact emergency services via 911, or to transport my child to one of the following.

Name of Physician	Location/Address	Phone Number
Name of Clinic or Hospital	Location/Address	Phone Number

I hereby give my consent for necessary emergency treatment when my child is in the care of the above physician, clinic or hospital, or 911 emergency personnel.

Parent/Guardian Signature

Date

Leaps in Language
 18096 Kings Row Suite G ♦Houston, TX 77058
 (Office) 832-654-1778
 (E-Mail) leapsinlanguage@sbcglobal.net

Food and Beverage Release

I hereby give () do not give () my permission for my child to have candy, food, or drink during therapy and/or evaluation sessions at the discretion of the Leaps in Language staff.

Parent/ Guardian Signature

Date

Media Release

I hereby give () do not give () my permission for my child to participate in media events which may occur without prior notice. Leaps in Language has my permission to use photographs, anonymous work samples, quotations, etc. from my child in the use of publications, advertising, and staff or University Student training. I understand that appearances by my child in any such media publications will be made voluntarily and without compensation of any kind.

The information included in this application is accurate as of today’s date. For the safety of my child, I agree to maintain up-to-date contact and medical information with the office at all times.

Parent/Guardian Signature

Date

Parent Description

On a separate page, please answer the following, providing as much detail as possible.

1. Describe your child in terms of personality, character and interests.
2. Provide a timeline of events leading to your decision to seek for speech and language services.
3. If not already addressed, detail health, behavioral, or miscellaneous information requiring explanation.

Person completing form: _____

Relationship to child: _____

Signed: _____ Date: _____

This form is adapted from:
Shipley, Kenneth G. and Julie G. McAfee. Assessment In Speech-Language Pathology A Resource Manual: Second Edition. “Child Case History Form.
Singular Publishing Group, Inc. San Diego. 1998, p. 14- 21.
The Joy School. “Application form”