



Parent Input Sheet Speech Only

1. Student Information

Name _____

Date of Birth _____

Grade _____

Parent/Guardian _____

Address _____

City/State/Zip _____

Home Phone _____

Teacher/School _____

2. Check boxes for medical & developmental history:

- ear infections (If so, how many: _____)
- premature (If so, any complications: _____)
- birth complications (If so, explain: _____)
- hearing concerns (If so, explain: _____)
- allergies (If so, explain: _____)
- medications (If so, explain: _____)

3. When did your child start talking? Combining words?

4. Parental Concerns

The SLP has permission to observe my child in the educational setting, if needed.

Signature

Date