



School District No. 8 (Kootenay Lake)
 Creston Early Childhood Services Team
 Creston Education Centre 617 11th Ave. S.
 P.O. Box 250, Creston, BC, V0B 1G0
 Occupational Therapy cell# (250) 551-3879
 Physiotherapy cell# (250) 551-6427
 Speech Language Pathology cell# (250) 551-5114

2.5.1 Intake Form

IDENTIFYING INFORMATION

Last Name	First Name	Initial
Date of Birth		Child's Care Card Number
Mother's Name _____ Phone _____ (W) _____		
Mailing Address _____		Postal Code _____
Father's Name _____ Phone _____ (W) _____		
Mailing Address _____		Postal Code _____
Best Email Contact Address _____		
Other Caregiver's Name _____		Phone _____
Family Doctor _____		Address _____
Name of person filling out form and relationship to child _____		
Primary Caregiver Identifies Child as Aboriginal?	Yes	No Choose not to answer
If Applicable - Social Worker _____ Phone _____		
Name of Preschool or Daycare Attended _____		
Language(s) Spoken at Home _____		
Other children in the Family (Names/Ages)		

EXPLANATION OF CONCERN(S)

A. Describe what problem(s) your child is having with speech and language or hearing:

B. Has your child's speech, language or hearing changed recently? Yes No

If yes, how? _____

C. Has your child had other types of assessments, e.g., psychology, physiotherapy, occupational therapy?

If so, when and where? _____

DEVELOPMENTAL HISTORY

A. How was the mother’s health during this pregnancy?

B. Was there anything unusual about your child’s birth/infancy? Yes No

How? _____

C. At what age did they sit unsupported? _____ Crawl? _____

Walk alone? _____ Become toilet trained? _____

Does your child sleep well? Yes No

D. Does your child suck their thumb? Yes No

E. Does your child use a bottle? Yes No Soother? Yes No

F. Do they have any difficulties with feeding? Yes No

Describe _____

SPEECH AND LANGUAGE HISTORY

A. Did your child make cooing/babbling sounds during the first six months of life? Yes No

B. How does your child make themselves understood?

C. When did your child start using:

Single words? _____ Two words together? _____

Three words together? _____ More than three words? _____

D. Can they say a nursery rhyme? Yes No Relate a simple story? Yes No

E. Does your child understand what you say to them? Yes No

F. Can they follow simple commands? Yes No

G. Does your child have trouble remembering what you say? Yes No

H. Does your child enjoy looking at books, listening to stories? Yes No

I. Is your child understood by others? Yes No

J. How does your child react when they are not understood? _____

K. Is your child’s voice hoarse? Yes No

L. Does your child seem to hear well? Yes No