



Rainbow Rehab^{LLC}

Pediatric Occupational · Physical & Speech Therapy Services

PARENT INPUT

Patient Name: _____ Parent's Name: _____

Date: _____ Phone Number: _____ Email: _____

Concerns: _____

SPEECH CONCERNS

My child (is)....

A= Always | F=Frequently | S=Sometimes | N=Never

- Difficult to understand A F S N _____
- Aware of his/her speech difficulty A F S N _____
- Gets frustrated with his/her speech A F S N _____
- Has to repeat things A F S N _____
- Avoids speaking A F S N _____
- Is hard to understand in context A F S N _____
- Is hard to understand out of context A F S N _____

LANGUAGE CONCERNS

My child (is)....

A= Always | F=Frequently | S=Sometimes | N=Never

- Understands verbal directions A F S N _____
- Can recall information A F S N _____
- Uses words more than gestures A F S N _____
- Uses sentences to communicate A F S N _____
- Asks questions A F S N _____
- Answers questions A F S N _____
- Comprehends stories A F S N _____
- Expresses needs & wants A F S N _____
- Expresses feelings A F S N _____
- Uses age appropriate behavior A F S N _____
- Socializes with peers A F S N _____