

Language-Literacy Center



Date _____
Student's Name _____ Date of Birth _____ Age _____
Address _____ City/Zip _____
Phone 1 (____) _____ mobile work home
Phone 2 (____) _____ mobile work home
E-mail _____
Referred by (Name) _____ (Relationship) _____
Parents' Names _____

Status of child's parents: Married Divorced Separated Foster Parents Other

Who is the primary caregiver for the child? _____

Language(s) Spoken in the Home _____

DEVELOPMENTAL HISTORY

Age your child:

Sat up alone _____ Walked alone _____ Toilet trained _____

Spoke first words _____ Spoke first phrases/sentences _____

MEDICAL HISTORY

Does your child have any of the following?

Wear glasses History of ear infections Hearing Impairment Wear/own hearing aids

Has your child been diagnosed with any of the following?

Autism Spectrum Disorder PDD-NOS Asperger's Syndrome ADD/ADHD

Fragile X Syndrome Intellectual Disability Down Syndrome Learning Disability

Speech/Language Delay Speech/Language Impairment Emotional/Behavioral Disorder

Has your child had any serious illnesses, injuries or surgeries?

Disease (1) _____ Length/severity of illness _____ Age _____

(2) _____ Length/severity of illness _____ Age _____

Injury (1) _____ Severity _____ Length of Recovery _____ Complete? _____

(2) _____ Severity _____ Length of Recovery _____ Complete? _____

Surgery _____ Age _____ Degree of recovery _____

Take medication for _____ (List) _____

SCHOOL HISTORY

School _____ Grade _____

Has your child repeated a grade? _____ Grade(s) repeated _____

Favorite subject(s) _____ Most difficult _____

Is your child currently receiving special education? _____ Number of years _____

Type: Speech/Language Therapy only Resource Special Day Class Other _____

Your child/adolescent was referred for additional help with language/literacy problems (reading/writing). Please provide any additional comments, concerns or wishes for your child here:

Multiple horizontal lines for providing additional comments, concerns, or wishes.

Thank you for completing this form. Please mail it or scan and email it to the LLC Co-Directors at:

US Mail

Language-Literacy Center
University of the Pacific
Speech-Language Pathology & Audiology Dept.
3601 Pacific Ave.
Stockton, CA 95210

E-mail

Jeannene Ward-Lonergan, Ph.D.
jwardlon@pacific.edu
OR
Jill Duthie, Ph.D.
jduthie@pacific.edu