BYU Speech and Language Clinic

Thank you for your interest in our clinic and we hope to have the opportunity to address your child's communication needs. Please understand that this is a teaching clinic which requires that clients be admitted based upon the clinical needs of our graduate students. The following information will allow us to determine if/when your child will receive services in our clinic. Completion of this form is the first step in the admittance process. You will be notified of your application status and further requirements by email.

Pediatric Intake Form

Child's Name: _____

Date of Birth: _____ **Age:** _____ **Grade:** _____ **Gender:** _____

Referred by: _____ **Phone:** _____

Does your child have:

- ☐ Difficulty being understood
- ☐ Difficulty producing some speech sounds
- ☐ Difficulty understanding what is said
- ☐ Difficulty expressing wants, needs, thoughts, and/or ideas
- ☐ Academic difficulties/concerns
- ☐ Difficulty producing smooth and connected speech
- ☐ Hearing difficulties/concerns
- ☐ Difficulty feeding and/or swallowing
- ☐ Difficulty with behavior and/or self-regulation at home or school
- ☐ Difficulty with attention, memory, organization, task completion, and/or planning
- ☐ Difficulty interacting socially with others
- ☐ A need to use technology and/or an AAC device to communicate

Provide a detailed description of your concern: _____

When did this first become a concern? _____

Describe pregnancy/birth complications (if any): _____

Describe any developmental delays or complications (such as late walking or talking): _____

Has your child had any of the following:

☐ Allergies ☐ Asthma ☐ Encephalitis ☐ Headaches
☐ Hearing Loss ☐ Influenza/Colds ☐ Meningitis
☐ Pneumonia ☐ Seizures

Describe other medical complications or health concerns if any: _____

List any current medications: _____

Has your child's hearing been tested? ☐ No ☐ Yes Results, including date tested:

Are your child's immunizations current? ☐ No ☐ Yes

Describe any previous speech-language treatment including location, dates, and duration: _____

_____

_____

_____

_____

Attach copies of any hearing test results, reports, current 504, IFSP, IEP, assessment results, discharge summaries, and other related documentation ☐ None

Other information you would like us to know about your child: _____

_____

_____

Person completing form: _____

Relationship to patient: _____

Preferred phone number: _____

Preferred method of contact: ☐ Text ☐ Phone call ☐ Email

Email required: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Please return this completed form to:

Brigham Young University
Speech and Language Clinic
Attn: Sandy Alger
136 TLRB
Provo, UT 84602