



**EVALUATION QUESTIONNAIRE**

DATE: \_\_\_\_\_

NAME OF PERSON BEING EVALUATED: \_\_\_\_\_

DOB: \_\_\_\_\_

AGE: \_\_\_\_\_

DIAGNOSIS (if any): \_\_\_\_\_

PARENT/CAREGIVER NAME: \_\_\_\_\_

Reason for evaluation:  
 Parental Concerns:  
 \_\_\_\_\_  
 \_\_\_\_\_

Recommendations from other professionals:  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Please answer the following questions to the best of your ability.

<b>Medical History</b>	<b>YES</b>	<b>NO</b>	<b>Comments</b>
Has your child had any significant childhood illnesses?			
Has your child had any			

significant physical injuries?			
Has your child been seen for any significant medical problems?			
Does your child experience frequent ear infections or have significant history of occurrences?			
Does your child have P.E. tubes?			If yes, when were they placed?
Has your child's hearing been evaluated?			If yes, when?
Does your child have a hearing deficit?			If yes, please provide test results/audiogram.
Does your child have any environmental or food allergies?			
Has your child received immunizations as recommended by his/her physician?			
Does your child have a vision deficit?			
Is your child currently on any medications?			
Does your child have any dietary restrictions?			

Describe your child at present: (include behavior, mood, ability to learn new things, attention, ability to calm, etc.)

Describe your child's likes and dislikes:
How does your child make his/her needs and wants known?
What school does your child attend?
If your child has an IEP or IFSP <i>please attach</i> or describe his/her current goals.

<b>Family History:</b> Is there a family history of any related medical (physical or emotional) conditions?
Do any of your child's siblings receive therapy services?
Is there a history of speech and/or language difficulties in your family?
Has your child received or is your child currently receiving therapy? If so, where?
Do you currently have any adaptive equipment or therapy supplies at home?
Additional comments, questions or concerns.

Please list your desired goals: (e.g. in the next several months I would like my child to...)
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