ADVANCE THERAPY
occupational, physical and speech therapy for children

INITIAL EVALUATION QUESTIONNAIRE

DATE:_____

CHILD'S NAME:_____

DOB:_____

PRIMARY LANGUAGE SPOKEN AT HOME:_____
INTERPRETER REQUESTED?: YES/NO

DID ANYONE HELP YOU FILL OUT THESE FORMS? YES/NO

DIAGNOSIS (if any):_____

PARENT/CAREGIVER
NAME(s):_____

Reason for evaluation:
Parental Concerns:
_____
_____

Recommendations from other professionals:
_____

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

			Comments
Significant childhood illnesses or injuries?	**YES**	**NO**	If yes, please describe:
Has hearing been evaluated?	**YES**	**NO**	If yes, when? PE Tubes? YES/NO If yes, when?
Has vision been evaluated?	**YES**	**NO**	If yes, does your child wear glasses? YES/NO
Environmental or food allergies?	**YES**	**NO**	If yes, please list:
Currently taking any medications?	**YES**	**NO**	If yes, please list:
Any dietary restrictions?	**YES**	**NO**	If yes, please list:

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How would you describe your child at present: (include behavior, mood, ability to learn new things, attention, ability to calm, strengths, etc.)
Describe your child's likes and dislikes:
How does your child communicate? (Verbal, gesture, pictures, sign, AAC)
If school age, what school does your child attend?
Does your child have an IEP or IFSP? If yes, *please attach* or briefly describe his/her goals: If yes, when was last evaluation? _____

Is there a family history of any *related* medical (physical or emotional) conditions?
Do any of your child's siblings receive therapy services?
Has your child previously received or is your child currently receiving therapy? If so, where?

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Please list your desired goals: (e.g. in the next several months I would like my child to…)
Additional comments, questions or concerns?

*When treatment is recommended, we always want to schedule appointments on days and times that work well for you. Evening and weekend appointments are most popular. **Please describe your child's weekly school/daycare schedule and your current availability.**
Thank you for your flexibility!

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