*Welcome to*: Children’s Language Development Solutions

*Please take a moment to fill out the following information.*

*Please Note: Any information we collect about you on this form will be kept confidential in our office.*

Today’s Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name, First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if we can include you on our mailing list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate your preferred means of communication and whether it is okay to leave messages on an answering machine/voice mail, or text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any concerns we should be aware of (allergies, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Please give contact information for any health or educational professional you would like us to communicate with on your child’s behalf \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History**:

Pregnancy: “Typical”**\_\_\_\_\_\_\_\_\_\_** Difficult\_\_\_\_\_\_\_\_\_\_\_\_

Complications during labor and/or delivery: Yes / No

Was your child: Full term \_\_\_\_\_\_\_\_\_\_ Pre-mature \_\_\_\_\_\_\_\_

Child’s Pediatrician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a medical diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently taking any medications? If so, for what reason? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child use any special daily equipment? Glasses\_\_\_\_\_\_, Hearing Aide\_\_\_\_\_\_,

Walker\_\_\_\_\_\_, Splints\_\_\_\_\_\_, Communication Device\_\_\_\_\_\_, Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently receiving any services? Speech \_\_\_\_x per wk, PT \_\_\_\_x per wk,

OT \_\_\_\_x per wk, Hippo Therapy \_\_\_\_x per wk, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x per wk

**Language:**

What is your child’s primary mode of communication: gestures, points, signs, talks, communication device, other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child:

Attend to the speaker (gives eye contact) \_\_\_\_\_\_, Answers yes/no questions\_\_\_\_\_\_,

Follow directions (one Step)\_\_\_\_\_\_, 2 steps\_\_\_\_\_\_, 3 or more\_\_\_\_\_\_,

Takes turns (in conversation) \_\_\_\_\_\_, Comments\_\_\_\_\_\_, Requests\_\_\_\_\_\_,

Asks questions\_\_\_\_\_\_,

Uses one word responses\_\_\_\_\_\_, 2 word responses\_\_\_\_\_\_, 3 or more\_\_\_\_\_\_,

Initiates conversation\_\_\_\_\_\_, Stays on topic\_\_\_\_\_\_, Tells a story in his/her own words\_\_\_\_\_\_,

Have difficulty retaining information\_\_\_\_\_\_, Have difficulty organizing his/her thoughts\_\_\_\_\_\_,

Have difficulty starting a sentence\_\_\_\_\_\_, Have difficulty producing grammatically correct sentences\_\_\_\_\_\_,

Have you seen a regression in your child’s language?\_\_\_\_\_\_, If so, at what age\_\_\_\_\_\_,

Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social / Emotional**:

Does your child have: A favorite friend \_\_\_\_\_, A group of friends \_\_\_\_, No friends\_\_\_\_

Does your child prefer to play alone? \_\_\_\_\_\_

Does your child prefer to play with adults more than children? \_\_\_\_\_\_

Does your child prefer to play with older children than children the same age? \_\_\_\_\_\_

Does your child prefer to play with objects more than people? \_\_\_\_\_\_

Does your child have difficulty making friends? \_\_\_\_\_\_, Conversing with friends? \_\_\_\_\_

Does your child have difficulty respecting ones space (stands too close to people)? \_\_\_\_\_

Does your child appear to be more anxious than children of the same age? \_\_\_\_\_\_

Does your child have difficulty with transitions(going from one activity to the next)?\_\_\_\_

Does your child have difficulty when there is a change in the daily routine? \_\_\_\_\_\_

Does your child have frequent melt-downs/tantrums? \_\_\_\_\_, If yes, what generally triggers them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be interested in a social group for your child? \_\_\_\_\_

**Additional:**

What are your child’s favorite activities, toys, games, books, music, movies, TV shows? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What does your child dislike? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Family concerns and goals. List in order of importance: (What would you like for your child to do that they can’t do now?)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children’s Language Development Solutions Policy & Terms of Services

I hereby agree to have my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ participate in the tutorial services, programs, educational services, language development activities and any and all forms (collectively the “Services”) provided by Children’s Language Development Solutions (hereinto “CLDS”) and agree to the terms and conditions as set forth below:

**Parent/Guardian**: The CLDS policy is that parent/(s) remain in attendance with their child during tutorial sessions and may either sit with the instructor and child or sit to the side or adjacent to the classroom while the child is working with the instructor.

**Disclaimer**: Children’s Language Development Solutions provides Services that are designed to aid and assist your child with skills and capabilities related to their ability to communicate and integrate their educational experiences more effectively. CLDS makes no warranty or representation that its Services will result in any improvement or change in behavior or ability of the child to more effectively communicate or that such programs are fit for purpose or result in any tangible benefit or promise of outcome, success or results.

**Waiver of Liability**: In consideration of my child participating in any and all CLDS Services, I hereby agree on behalf of myself and my child, to release CLDS, their employees, agents, representatives and volunteers (collectively the “Releasees”) from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child’s participation with CLDS Services.

**Cancellation Policy**: Participation in the CLDS Services are voluntary and may be cancelled subject to (a) 24 hour prior notification of inability to attend and (b) any discounted fees subject to pro-rated adjustment if discounting is based on a commitment that will not be honored.

**Payment Terms**: I agree to make payment at the time the services are rendered in accordance with the agreed upon CLDS fee schedule.

**Privacy Policy**: I understand the CLDS Privacy Policy that treats all personal information as private and confidential and does not share such private information with anyone without my prior written consent. CLDS does not seek or collect any health, medical information or medical records on my child unless material to my child’s Services, in which case such information is disclosed by me to CLDS. CLDS makes no further disclosures and protects confidential information from disclosure without your permission.

**Agreed to as above**:

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy on use of Materials and Techniques

Children’s Language Development Solutions is proud to offer a broad range of creative ideas, programs, techniques, instruction, materials and other teaching methodologies specifically designed to meet the unique needs of your child, which collectively form the “Materials and Techniques” of Children’s Language Development Solutions.

The Materials and Techniques have been developed by Children’s Language Development Solutions at considerable time and expense, and include the integration of the ideas, programs, techniques, instruction, materials and teaching methodologies developed and refined over the course of a professional working experience in excess of 26 years.

As such, the Materials and Techniques are proprietary to Children’s Language Development Solutions and may not be videotaped, recorded, copied or redistributed without the express written consent of Children’s Language Development Solutions.

Upon request, Children’s Language Development Solutions will offer fee based consulting, training, professional development and teaching workshops to aid and assist other professionals, school systems and educators with respect to the Materials and Techniques provided to your child.

I have read the Policy on Use of Materials and Techniques and agree with the terms and conditions thereof:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_