



therapy evaluation form

Sprout Pediatric Therapy requests this information for the purpose of completing a thorough evaluation with your child. Some questions may not be applicable.

GENERAL INFORMATION:

	/	/	M / F
Patient's Name	D.O.B	Age	Gender
Person Providing Information			Date

STRENGTHS:

1. What are your child's strengths?

2. What are your child's favorite toys or areas of interest?

CONCERNS:

3. When did you first have concerns about your child?

4. What strategies or techniques have you tried? Are you using other services (early intervention, other therapists)?

5. What is your primary concern?

5. What specific skills/goals would you like your child to achieve in therapy?

PREGNANCY AND BIRTH HISTORY:

1. Were there any illnesses, injuries or other complications during your pregnancy?

2. Was your pregnancy full term? If not, please give gestational age.

3. Was labor and delivery normal? What was the method of delivery?

4. Were there concerns with any developmental milestones? Yes / No (If yes, please explain)

5. Did you experience any complications with feeding? Yes / No (If yes, please explain)

6. Please list any concerns regarding your child's eating habits.

MEDICAL HISTORY:

1. Please give a brief medical history of your child.

2. Is your child currently taking any medications? Yes / No (If yes, please list)

3. Does your child have any known allergies? Yes / No (If yes, please list)

4. Has your child's hearing been evaluated recently? Yes / No (If yes, when, by whom and what were the results?)

/ /

5. Does your child have any difficulty falling asleep or staying asleep? Yes / No (If yes, please list)

Are there any other precautions we should know about that are not described above?



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EDUCATION:

1. Does your child attend school? If yes, where and how often?

2. What grade is your child presently in?

3. Please list any services your child receives at school (speech, occupational therapy, physical therapy, tutoring, etc.).

4. Does your child experience any specific challenges in school?

(Please explain)

5. May we communicate with the school therapists to collaborate services? Yes / No

(If yes, please list their information on the "Consent for Release" form)