

# Northwest Speech Therapy - Spotlight Social Skills

## Intake Information:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Location: \_\_\_\_\_ Grade: \_\_\_\_\_

Special program: IEP/504 plan/Speech/OT/PT/other? \_\_\_\_\_

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

Where diagnosed? \_\_\_\_\_ When? \_\_\_\_\_

Medications? \_\_\_\_\_

Parents: \_\_\_\_\_

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

\_\_\_\_\_

Phone: h \_\_\_\_\_ w \_\_\_\_\_ c \_\_\_\_\_

Email: \_\_\_\_\_

### Main concerns:

a) At home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) At school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly, when and what did you first notice that concerned you about your child?

\_\_\_\_\_

Does he/she have friends? \_\_\_\_\_

Areas of interest? \_\_\_\_\_

Extra Curricular Activities? \_\_\_\_\_

Quirks/sensitivities? \_\_\_\_\_

Allergies? \_\_\_\_\_

Concerns re: hair pulling, eating issues, suicidal ideation, abuse? \_\_\_\_\_

Additional Information you would like to share?

\_\_\_\_\_

How did you hear about Spotlight Social Skills? \_\_\_\_\_