



Change for Life

Enquiry Form (Ages Six and Above)

Date: _____

DOB: _____ Name: _____

Age: _____ Mobile: _____

Gender: _____ NDIS #: _____

Funding Method: _____

Would you be okay to receive telehealth therapy? _____

Presenting condition / Diagnosis:

Relevant Medical History:

Availability for sessions:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

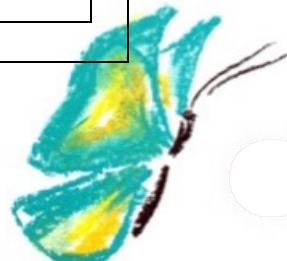
Communication:

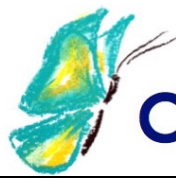
Areas of concern:

- Augmentative-Alternative Communication (ipad, apps, key word sign, picture cards)
- Language
- Speech
- Swallowing
- Voice

Self-awareness of communication deficits

- No awareness
- Limited awareness (minimal appreciation without specificity)
- Situational awareness (recognition of problem in context, in real time)
- Predictive awareness (able to predict problem; impact of impairments)





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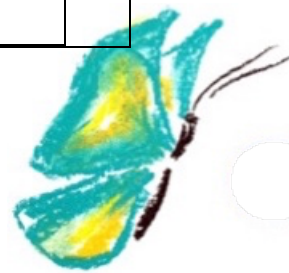
Current Level of Communication:

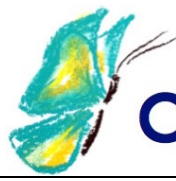
Speech:

Is your child unclear or have difficulty talking?	Yes / No
Is your child's speech pronunciation understood by others?	Yes / No
Does your child change how they say certain sounds (e.g. saying 'wed' instead of 'red')?	Yes / No: Any sounds in particular:
<i>Additional Comments:</i>	

Language:

Is your child exposed to a language other than English?	Yes / No If so, Language:
Do you feel like your child understands enough for their age (e.g. understanding and following simple instructions – “Put the doll under the chair”)	Yes / No
Do you feel like your child should be saying more for their age (e.g. answering simple questions – “Where is the dog”?)	Yes / No
Does your child have difficulty using grammar and word endings correctly (e.g. “walking”, “walked”, “he/she”)	Yes / No
Does your child use single words? (e.g. “cat” “table”)	Yes / No
Does your child form two word combinations? (e.g. “more drink”)	Yes / No
How many words is the child saying?	Please circle: Less than 10 Less than 25 Less than 50 More than 100
<i>Additional Comments:</i>	





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Social:

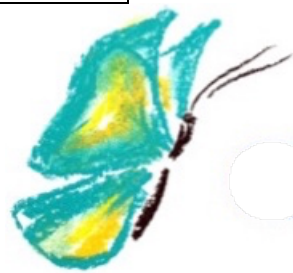
Is your child having difficulties with social interactions?	Yes / No If so, Language:
Does your child make eye contact when communicating?	Yes / No
Does your child engage in two-way conversation? Yes/No	Yes / No
Does the child have an intense interest in in certain objects or activities (e.g. only play with trains)	Yes / No
Does the child engage in pretend play (e.g. pretend feeding a teddy)?	Yes / No
Does the child communicate with adults (with support), but not with peers?	Yes / No
<i>Additional Comments:</i>	

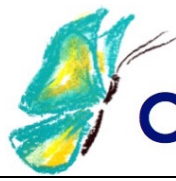
Current Goals:

Priorities

What would you like to see happen over the next 12 months with their communication?

What would you like to see happen with their communication in the long term?





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General Questions

What do you feel are your child's communication strengths?

What are your concerns about your child's communication?

Have you engaged with speech pathology services in the past? What has been successful?

Extracurriculars:

What school is your child attending?

What is the name of your child's teacher?

Has the school voiced any concerns about how your child is progressing academically or socially?

