Language - Literacy Center

UNIVERSITY OF THE PACIFIC
757 Brookside Road, Stockton, CA 95211

Date_____
Student's Name_____ Date of Birth_____ Age _____
Address_____ City/Zip_____
Phone 1 (____)_____ mobile ❑ work ❑ home❑
Phone 2 (____)_____ mobile ❑ work ❑ home❑
E-mail _____
Referred by (Name)_____(Relationship)_____
Parents' Names _____
_____

Status of child's parents: Married ❑ Divorced ❑ Separated ❑ Foster Parents ❑ Other ❑

Who is the primary caregiver for the child?_____

Language(s) Spoken in the Home _____

DEVELOPMENTAL HISTORY
Age your child:
Sat up alone _____ Walked alone _____ Toilet trained _____
Spoke first words _____Spoke first phrases/sentences_____

MEDICAL HISTORY
Does your child have any of the following?
Wear glasses ❑ History of ear infections ❑ Hearing Impairment ❑ Wear/own hearing aids ❑

Has your child been diagnosed with any of the following?
Autism Spectrum Disorder ❑ ADD/ADHD ❑ Fragile X Syndrome ❑ Down Syndrome ❑
Learning Disability ❑ Speech/Language Delay ❑ Speech/Language Impairment ❑
Emotional/Behavioral Disorder ❑ Intellectual Disability ❑ Other _____

Has your child had any serious illnesses, injuries or surgeries?
Illness (1)_____ Length/severity of illness _____ Age _____
(2)_____ Length/severity of illness _____ Age _____
Injury (1) _____ Severity _____ Length of Recovery _____ Complete? _____
(2) _____ Severity _____ Length of Recovery _____ Complete? _____
Surgery _____ Age _____Degree of recovery _____
Take medication for _____ (List)_____

SCHOOL HISTORY

School _____ Grade _____

Has your child repeated a grade? _____ Grade(s) repeated _____

Favorite subject(s) _____ Most difficult _____

Is your child currently receiving special education?_____ Number of years _____

Type: Speech/Language Therapy only ❑ Resource ❑ Special Day Class ❑ Other _____

Your child/adolescent was referred for additional help with language/literacy problems (reading/writing). Please provide any additional comments, concerns or wishes for your child here:

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Thank you for completing this form. Please mail it or scan and email it to the LLC Co-Directors at:

US Mail

Language-Literacy Center
University of the Pacific
Speech-Language Pathology & Audiology Dept.
3601 Pacific Ave.
Stockton, CA 95210

Email

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UNIVERSITY OF THE PACIFIC
Thomas J. Long School of Pharmacy and Health Sciences