



*A Division of Rehab Resources, Inc.*

## COMMUNICATION HISTORY

Related Question	COMMENTS (examples)
1. How does your child communicate at home/at school? (signs, PECs, verbal, augmentative/alternative communication device...)	
2. Estimate how many words are in your child's vocabulary?	Expressive (speaking vocabulary) ___ under 25 ___25-75 ___over 75
	Receptive (words they understand)___under 25 ___25-75 ___over 75
3. Is a language other than English spoken at home? If yes, which one?	
4. Please describe any communication difficulties.	
5. When was the concern/problem first noticed?	

Does your child?	Yes/No (Circle)	COMMENTS (examples)
1. Point or gesture to communicate needs?	YES NO	
-gesture instead of using verbal communication?	YES NO	
2. Identify body parts?	YES NO	
3. Recognize pictures of common objects?	YES NO	
4. Turn his/her head when name is called?	YES NO	
5. Communicate with intent?	YES NO	
6. Answer "wh" questions?	YES NO	
7. have a hearing loss?	YES NO	
8. use a pacifier/nuk/suck thumb?	YES NO	

**\*Submitting this information at least 2 days prior to the initial appointment will provide the therapist opportunity to review the information in order to perform a more thorough evaluation.**