*Chambersburg Area School District*

***school******year****\_\_\_\_\_ \_2020-2021\_\_\_\_\_\_\_\_\_\_\_\_*

***PARENT INPUT FORM for Speech/Language Therapy Services***

*Student Name:* Click here to enter text. *DOB:* Click here to enter text.

***(THIS FORM IS 2 SIDED)\*\*\****

*Form Completed by:* Click here to enter text. *home phone:* Click here to enter text.

*Your Cell:* Click here to enter text. *Best time to reach:* Click here to enter text.

*Student School Email:* Click here to enter text.

*Your input as a team member is needed. If something is not applicable to your child, use NA. Use TAB to move to next area to fill in. #11 with several boxes that may be checked, you may need to use Left Click if Tab doesn’t work for you to move to #12. \*\*\*\*\*\*****Please complete and return this form within 1 to 4 days****\*\*\*\*\*\*to:* ***Michele Natale, MS/CCC-Speech/Language Pathologist****. If you would like to contact me, please call me at* ***240-339-3660*** *or e-mail me at* [*michele.natale@casdonline.org*](mailto:michele.natale@casdonline.org) *Thank you☺*

***Please list your child’s strengths and areas of need (if any) in the following areas:***

1. *Articulation (this includes being able to produce speech sounds correctly, including volume and rate of speech, fluency, if family and others are able to understand speech during conversation)*

***Strengths:*** Click here to enter text.

***Areas of Need:*** Click here to enter text.

1. *Communication (this includes understanding of information, ability to express self & needs, asking questions when doesn’t understand info presented):*

***Strengths:***Click here to enter text.

***Areas of need:*** Click here to enter text.

1. *Social (including peer interactions and interactions with adults)*

***Strengths:***Click here to enter text.

***Areas of need:***Click here to enter text.

1. *Academics:*

***Strengths:***Click here to enter text.

***Areas of need:*** Click here to enter text.

*5. How do you think your child’s speech/language difficulty affects his/her ability to communicate in the school setting?*

Click here to enter text.

*6. How does your child feel about school:*

*--Likes:* Click here to enter text.

*--Dislikes:* Click here to enter text.

*STUDENT NAME:* Click here to enter text.

*7. Medical history/ info:*

*7A--If your child is taking any* ***medications****, please list them:* Click here to enter text.

*7B--If your child is taking medications,* ***does s/he go to the nurse during school*** *to also take his/her medication? (check one) YES  or NO*

*7C--Please list* ***any changes*** *in your child’s* ***medical/health history*** *within the past year* ***and any*** *any information you think is relevant):* Click here to enter text.

*7D --\*\*Please note if your child has any* ***visual or hearing*** *difficulty:* Click here to enter text.

*8\*\*In the classroom, my child may benefit from the following:* Click here to enter text.

*9. If your child* ***volunteers*** *anywhere, please state:* Click here to enter text.

*If your child* ***works*** *anywhere, please state:* Click here to enter text. *If your child participates in* ***clubs or activities or band,etc*** *at school, please state:* Click here to enter text.

*10\*\* What else would you like school personnel to know about your child or other important info?* Click here to enter text.

*11 Please X If your child works with the  Occupational Therapist (OT), Physical Therapist (PT),*

*Learning Support (LS), Emotional Support teacher,  (ES), ESL/ELL, Reading or Math Coach or Other (provide name of other service).*

*12 \*\*Other languages spoken in the home besides English:* Click here to enter text. *Primary language:* Click here to enter text.

1. *\*\*Any* ***RECENT CHANGES in phone number****/****address*** *please indicate here (including zip code); may provide e-mail here also if you would like:* Click here to enter text.
2. *\*\*What activities/strategies have you worked on at home (related to speech/language &/or academics) that you have found helpful to your child’s success?* Click here to enter text.

*15\*\*What is your child interested in doing after graduation? If not sure, what are your child’s areas of interest (things s/he) likes & strengths):* Click here to enter text.

*16 My child is more a Morning person, Night person, doesn’t matter:* Click here to enter text.

*17 \*\*OTHER information :* Click here to enter text.

***PLEASE \*\*\*DUE TO the students working remotely, please return via email. If you need to return form another way, please contact me to make arrangements \*\*\*\**** *THANK YOU for taking the time to provide your input regarding your child.☺ See below to add additional info.*

*Additional Info on my child- (please provide student name on this sheet prior to entering additional info)*

Click here to enter text.