

Certified ASHA member
Certified O-G Multi-sensory Reading Therapist
Member International Dyslexia Association
State License number SA4698
Four Time Recipient of the ACE Award
PROMPT trained



3531 Jackson Dr.
Holiday, FL 34691
727-992 TALK (8255)
Fax: 727-943-9429
TalkReadKnow.com
Kathleen@talkreadknow.com

Kathleen Rose-Le
Speech-Language Pathologist
M.S. CCC-SLP

Please fill out the enclosed forms as completely as possible. The information you give me helps to determine the most effective methods of evaluation. Your background is utilized in setting goals for therapeutic intervention.

Thank you for choosing my practice to serve your needs.

Your communication to ask any questions or give further input is always welcome.

Sincerely yours,

Kathleen Rose-Le
MS CCC-SLP
Speech Language Pathologist
Certified ASHA member
Certified Orton -Gillingams structured language Therapist
Member International Dyslexia Association
State License number SA4698
Four Time Recipient of the ACE Award
American Academy of Private Practice SLPs
Board Certified Cognitive Specialist (ADHD, anxiety, autism, dyslexia)
PROMPT trained

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Older Child Case History Form

Date: _____

Child's Name: _____ D.O.B. ___ / ___ / ___ Age: _____

Mother's Name: _____

Address: _____

Home Phone: (____) _____ Work: (____) _____

Cell: (____) _____ E-mail: _____

Father's Name: _____

Address: _____

Home Phone: (____) _____ Work:(____) _____

Cell:(____) _____ E-mail: _____

Child's Social Security Number ____ - ____ - ____ Medicaid Number: _____

Insurance _____ Member # _____

(please provide a photo of front and back of all insurance cards. This can be emailed/faxed/texted)

Daycare or school child attends/grade: _____

Child's Allergies: _____

Child's current medications: _____

Referring Physician: _____ Phone # _____

Referred by: _____

Reason for seeking therapy: _____

Please describe any difficulties with this pregnancy and birth: _____

When did your child last see a dentist? _____

When was your child's vision last tested? _____

Results of those tests: _____

Has your child ever had ear infections? No ____ Yes ____

If so, how often? _____

How was it treated? _____

Has your child ever had tubes? If so, when? _____

When was your child's hearing last tested? _____

Results of those tests: _____

Please list current and past medical problems, surgeries, illnesses, diseases, and injuries with dates of occurrences: _____

Has your child ever experienced difficulty with eating/swallowing or had sensitivities to particular foods? _____

Is your child allergic to any foods or other substances? If so, what?

Does your child display any of these behaviors: (check if observed)

- | | | |
|--------------------------|----------------------------------|------------------------------------|
| _____ Rocking | _____ Sensitivity to touch | _____ Difficulty with transitions |
| _____ Jargon | _____ Sensitivity to loud noises | _____ Gags on textured foods |
| _____ Excessive drooling | _____ Picky eater | _____ Puts non-food items in mouth |
| _____ Head banging | _____ Clumsy | _____ Attention difficulties |

Does anyone in your home have a communication problem? If so, please explain: _____

Please list the members of your household:

Name	Relationship	Age
------	--------------	-----

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have any relatives (outside the home) who have communication problems?

Has your child ever been evaluated or treated for communication impairments in the past?

No ___ Yes ___ If so, please explain: _____

Please state age of child's development of the following skills:

Sitting: _____ Walking: _____ Saying words: _____

Saying sentences: _____ Feeding self: _____ Dressing self: _____

Does your child have difficulty with:

Following directions: _____ Describing events or thoughts: _____

Responding to questions: _____ Grammar in speech: _____

Interacting with peers: _____ Reading grade level texts _____

Completing school/homework: _____

Current modes of communication used by child (i.e. pointing, using words, using sentences):

How much of your child's speech do you understand? (25%, 50%, 75% 100%) _____

How much do unfamiliar listeners understand? _____

Is your child a poor speller? No _____ Yes _____ N/A _____

Does your child find it challenging to remember phone numbers?

No ___ Yes ___ N/A ___

Does your child have extremely poor handwriting? No ___ Yes ___ N/A _____

Does your child tire easily when studying? No ___ Yes ___ N/A _____

Would you consider your child a poor reader? No _____ Yes _____ N/A _____

Does your child get embarrassed when asked to read aloud in class/at home?

No ___ Yes ___ N/A _____

Does your child read well, but has problems with comprehension?

No ___ Yes ___ N/A _____

Does your child read well, yet chooses to read very little? No _____ Yes _____ N/A _____

When your child reads silently:

Do they move their lips? No ___ Yes ___ N/A _____

Do they use their finger to follow along? No ___ Yes ___ N/A _____

When reading aloud:

Do they often guess at words? No ___ Yes ___ N/A _____

Do they have problems with “sight” words? No ___ Yes ___ N/A _____

(words that do not sound like they are written)

Do they have problems with large words? No ___ Yes ___ N/A _____

Do they have poor enunciation of sounds? No ___ Yes ___ N/A _____

Do they skip over words? No ___ Yes ___ N/A _____

Do they skip entire lines? No ___ Yes ___ N/A _____

Do they often read one word for another? No ___ Yes ___ N/A _____

Example: Reads bat for bet, came for come

Does your child often hear one word for another? No ___ Yes ___ N/A _____

When you give your child a list of assignments (example: go to your room, pick up your toys, hang up your clothes, make up your bed, and vacuum the floor) will they:

(Check- all that apply)

-Get to the room and do one thing?

-Get distracted on the way to the room?

-Have no problem at all?

-Get to the room and forget what to do?

-Get to the room and do two things?

Does your child follow instructions better if they: Hear it _____ Read it _____

Does your child get distracted: Easily _____ Very Easily _____ Some _____ Not at all _____

Does your child have problems completing a task? No ___ Yes ___ N/A ___

Is your child overactive or impulsive? No ___ Yes ___ N/A ___

Does your child have difficulty copying information from the board or a book? No ___ Yes ___
N/A ___

With each glance, is your child able to copy: (check one)

a sentence a phrase only one word at a time only one letter at a time

Does your child have trouble following verbal directions? No ___ Yes ___ N/A ___

Does your child have trouble following written directions? No ___ Yes ___ N/A ___

Does your child reverse letters or words? No ___ Yes ___ N/A ___

Does your child have poor self-esteem? No ___ Yes ___ N/A ___

Does your child take excessive study time to complete their homework?

No ___ Yes ___ N/A ___

Is homework a frustrating, negative experience? No ___ Yes ___ N/A ___

Does your child have difficulty understanding or remembering what someone says? No ___
Yes ___ N/A ___

When you help your child prepare for a test, does your child know the material the night before, but
fails the test anyways? No ___ Yes ___ N/A ___

Goals for this evaluation: _____

Questions: _____

Consent For Release of Information

I, _____ authorize Communication & Learning Solutions to release/obtain

Print parent/guardian name

Information regarding:

Child/client name: _____

Date of birth: _____

City: _____

County: _____

To/from the following institution(s):

Name: _____

Address: _____

Name: _____

Address: _____

Specific Information to be discussed in written and/or verbal communication:

- | | | |
|--|---------|--------|
| 1. SLP Evaluations/Progress Reports/Treatment Plans | Release | Obtain |
| 2. Medical Reports/Progress Notes/Treatment Plans | Release | Obtain |
| 3. IFSP/IEP/RCP | Release | Obtain |
| 4. Vision Reports/Progress Notes/Treatment Plans | Release | Obtain |
| 5. Audiological Evaluations/Progress Notes/Treatment Plans | Release | Obtain |

The information obtained/released as a result of this form will be used to provide accurate and comprehensive communication among the service provider team.

This consent for disclosure is valid for one (1) year from the date of signature.

I hereby declare that I understand that I have the right to inspect and receive copy of the information disclosed as a result of this form. I understand that I may withdraw consent at any time by written request. I understand that my refusal to consent to disclosure will not result in any other consequence but information will not be disclosed.

Signature of Parent/Guardian

Date

Witness

Date

Send Information to: Kathleen Rose-Le
Communication & Learning Solutions
3531 Jackson Dr.
Holiday, FL 34691
Phone: (727) 992-TALK (8255)
Fax: (727) 943-9429

PLEASE PRINT AND THEN SIGN FORMS TO COMPLETE YOUR SIGNATURE. SCAN AND EMAIL BACK TO Kathleen@TalkReadKnow.com IF POSSIBLE. IF NOT BRING THE SIGNED FORM WITH YOU AT YOUR FIRST APPOINTMENT

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Informed Consent for Therapeutic Services

I, _____, authorize Communication & Learning Solutions to enroll,
Print name of parent/guardian
_____ in Speech-Language Therapy, Feeding/-
Print name of client/child

Swallowing Therapy, and /or Reading Therapy.

By consenting to these services I declare that I understand, and agree with the following:

1. Orientation regarding services has been explained to me in language that I can understand.
2. My consent to services is voluntary and can be withdrawn at any time.
3. Written reports/documentation regarding the client/child will not released except to those individuals whom have been named in a written, signed release form to accept such correspondence.
4. The client/child's file will be maintained for seven (7) years after discharge.

I have read the above information and fully understand the services in which I hereby consent. I release the agency and their trustees, officers, agents, and employees from any liability to the client any personal injury or property damage suffered by the client as a result of participation in these services. I assume all responsibility and agree to indemnify the agency and hold the agency harmless from and against any and all liability or costs associated with or arising from the client's participation in these services. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

Parent/Guardian Signature

Date

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IF NOT BRING THE SIGNED FORM WITH YOU AT YOUR FIRST APPOINTMENT

Helping people with speech, language and reading disorders to achieve their full potential.