



Lebanon Valley College

CENTER FOR SPEECH, LANGUAGE,
AND HEARING DISORDERS

OFFICE USE ONLY	
Date Received	
Staff Initials	
PLAN:	<input type="checkbox"/> Send Forms
	<input type="checkbox"/> Hold
	<input type="checkbox"/> Other

CHILD INTAKE FORM

CHILD'S INFORMATION						
FULL NAME:		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB:		
CURRENT AGE:	NAME OF SCHOOL:		GRADE:			
PARENT/LEGAL GUARDIAN NAME:		PARENT/LEGAL GUARDIAN PHONE:				
PARENT/LEGAL GUARDIAN EMAIL:						
PARENT/LEGAL GUARDIAN CONCERNS <u>When</u> the problem began <u>Who</u> noticed it <u>Where</u> the problem occurs						
CHILD REACTIONS		<input type="checkbox"/> Tries again/revises <input type="checkbox"/> Becomes angry/frustrated <input type="checkbox"/> Other: (specify) _____ <input type="checkbox"/> Gives up <input type="checkbox"/> Doesn't notice				
PHYSICIAN CONCERNS						
OTHER SERVICES AND EVALUATIONS <input type="checkbox"/> None		TYPE OF SERVICE	DATES/AGE	NAME OF PROVIDER		
REFERRAL SOURCE						
PLEASE CIRCLE THE DAYS AND CIRCLE AM or PM FOR YOUR AVAILABILITY		MONDAY AM or PM	TUESDAY AM or PM	WEDNESDAY AM or PM	THURSDAY AM or PM	FRIDAY AM or PM

(continued on the next page)

I understand that Lebanon Valley College Center for Speech, Language and Hearing Disorders (“Center”) can only accommodate a limited number of clients per semester, and that completion of this intake form does not guarantee that my child will be accepted as a new client. The Center’s clinical staff will review my child’s intake form to determine whether he or she is a good candidate for the types of services provided at the Center and will contact me to schedule an initial assessment, subject to availability. In the event there are no available slots for new clients in the current semester, I will be notified and my child will be automatically placed on a waitlist for the next available semester, unless I notify the Center in writing that I do not wish to have my child placed on a waitlist.

If my child becomes a client of the Center, I understand that a Lebanon Valley College graduate student will be assigned to participate in my child’s treatment under the direct supervision of a licensed and certified speech-language pathologist, and I hereby consent to his or her participation in my child’s treatment.

Parent/Legal Guardian Signature: _____

Date: _____