



Communication Update

In order to best help you and your child, we would like you to give us the most up-to-date information about how your child communicates.

Child's name: _____

Child's date of birth: _____ Child's age: _____ years _____ months

Parent(s)' Names: _____

Date this form was completed:

My child communicates in the following ways (check ALL that apply and give examples where possible):

- Eye contact, e.g.,
- Body movements, e.g.,
- Makes sounds, e.g.,
- Gestures, e.g.,
- Reaches, e.g.,
- Points, e.g.,
- Imitates or repeats words he/she hears, e.g.,
- Leads or pulls by the hand for things she/he wants, e.g.,

- Uses single words (i.e., one word at a time), e.g.,

- Uses signs or pictures, e.g.,



It Takes Two to Talk[®] Offered via Telepractice

The Hanen Program[®] for Parents of Children with Language Delays

Uses short phrases — two or three words at a time (e.g., “want cookie”), e.g.,

Uses short sentences (e.g., “Sit down here mommy.”), e.g.,

My child appears to be interested in communicating with me:

- none of the time
- some of the time
- most of the time

My child communicates with other children in the following ways:

- not at all — prefers to play alone
- watches other children
- plays alongside other children, but quietly
- plays with other children

My child understands what is said to her/him:

- none of the time
- some of the time
- most of the time

Do you know the cause of your child’s communication difficulties?

What concerns you most about your child’s communication?

Please hand in this form at the end of the Orientation Session