



## 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:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ (years) \_\_\_\_\_ (months)

Parent's name(s): \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Child's diagnosis: \_\_\_\_\_

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 or she hears, e.g.,  
\_\_\_\_\_

Leads or pulls by the hand for things he or she wants, e.g.,  
\_\_\_\_\_

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

Uses signs or pictures, e.g., \_\_\_\_\_

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.,  
\_\_\_\_\_



---

## Communication Update (continued)

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
- interacts with other children

My child understands what is said to him or her:

- 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.*