

**INNOVATIVE THERAPIES, P.C.**  
**Applicant Intake Form**  
**for Fast ForWord Programs Evaluation**  
(return form – fax 01 540 989 2776; email: [innovativetx@att.net](mailto:innovativetx@att.net))

CHILD'S NAME \_\_\_\_\_ DATE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ GENDER:(M) \_\_\_\_\_ (F) \_\_\_\_\_  
MEDICAL DIAGNOSIS \_\_\_\_\_  
SPEECH/LANGUAGE OR OTHER DIAGNOSIS \_\_\_\_\_

**FAMILY HISTORY:**

MOTHER/GUARDIAN \_\_\_\_\_ AGE \_\_\_\_\_  
FATHER/GUARDIAN \_\_\_\_\_ AGE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
PLEASE LIST ANY SIBLINGS: (Name and Age) \_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL/SOCIAL HISTORY:**

1. Please list the names of any schools or other agencies or programs in which your child is or has been involved, describing his/her general performance.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What grade is your child in at school? \_\_\_\_\_

3. Please describe any special help your child receives from these programs.

TYPE OF HELP	HOW OFTEN	FROM WHOM
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Has your child received any recent (within the past 6 months) Speech/Language or Reading evaluations? \_\_\_\_\_

Do you have the results? \_\_\_\_\_ If so, please send (fax 01-540-989-2776) or bring with you.

Do you know which tests were administered and what were your child's scores?

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5. In your words, please describe your child's personality and behavior.

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6. How does your child communicate? (i.e. gestures, sentences, word-like sounds, single words, crying, pointing, other)

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7. In your words, please describe your concerns about your child's abilities: communication, reading, spelling, writing, social interaction, fine/gross motor, academic, emotional.

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8. What concerns led you to seek out the Fast ForWord programs for your child, and what do you hope he/she will gain from this treatment?

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9. If Fast ForWord is found to be appropriate for your child, when do you want to start this program? (i.e. right away, in a few months, this summer, etc.)

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10. Do you have a computer at home that is appropriate to run the Fast ForWord programs? \_\_\_\_\_  
Can you make the commitment to monitor your child for the program as required? \_\_\_\_\_

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