

# It Takes Two to Talk® —

The Hanen Program® for Parents of Children with Language Delays

## General Information Form

Date: \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of birth (dd/mm/yy): \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (mother work) \_\_\_\_\_

(father work) \_\_\_\_\_

Mother's occupation: \_\_\_\_\_ Father's occupation: \_\_\_\_\_

Family doctor/pediatrician: \_\_\_\_\_

Siblings: \_\_\_\_\_

In which language do you speak to your child most/all of the time? \_\_\_\_\_

In which language do you speak to your spouse/partner? \_\_\_\_\_

Child's day-care centre/preschool: \_\_\_\_\_

**Medical diagnosis** (if applicable) (ASD, cerebral palsy, hydrocephalus, Down syndrome, seizures, etc.): \_\_\_\_\_

**Medical history** (please provide any significant information regarding your child's birth, health during infancy, allergies, seizures, hospitalizations, etc.) \_\_\_\_\_

Does your child have a history of hearing difficulties?  Yes  No

Results of latest hearing tests: \_\_\_\_\_



When and where were these tests done? \_\_\_\_\_

Has your child had any ear infections/congestion requiring medication and/or tubes?  
\_\_\_\_\_

Does your child have any visual difficulties?  Yes  No

Results of latest visual tests: \_\_\_\_\_

When and where were these tests done? \_\_\_\_\_

Does your child have any gross or fine motor difficulties?  Yes  No

Please describe any difficulties in walking, playing with toys, feeding him/herself:  
\_\_\_\_\_

Does your child have any behavioural difficulties? (e.g., tantrums, aggressive behaviour, extreme shyness, etc.)  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

**Communication assessments and/or speech therapy services at other agencies**

Date	Name of person/agency	Comments/results
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other assessments and/or therapy programs**  
(e.g., developmental assessment, behaviour management, infant stimulation)

Date	Name of person/agency	Comments/results
_____	_____	_____
_____	_____	_____
_____	_____	_____



## Developmental history

When did you become concerned about your child's communication? \_\_\_\_\_

Please describe at what stage your child is regarding each of the following:

Crawling \_\_\_\_\_

Walking \_\_\_\_\_

Feeding him/herself \_\_\_\_\_

Toilet training \_\_\_\_\_

Dressing him/herself \_\_\_\_\_

### Does your child:

Communicate what he/she needs and wants to you?  Yes  No  Rarely

Talk about things that are of interest to him/her?  Yes  No  Rarely

**Does your child communicate in any of the following ways?** (Check all appropriate choices)

- Eye contact/body movements
- Sounds
- Gestures
- Signs/pictures
- Sounds that stand for words (e.g., "brmm" referring to car)
- Single words/word approximations
- Short phrases (two words or more, e.g., "more juice," "mommy go")
- Phrases of three words (e.g., "me more cookies")
- Short sentences (e.g., "I want more cookies")
- Conversation (talks back and forth with you)

### Can you understand your child's speech?

- Most of the words
- Some of the words
- Almost none of the words



## How does your child communicate and interact with other children?

- Eye contact/body movements
- Not at all; plays alone
- Watches other children
- Mainly grabs things
- Plays alongside but quietly
- Talks to self with occasional comments to other child
- Tells another child what he/she is doing
- Suggests a game (e.g., "play houses")
- Explains to other children what to do in a game
- Other \_\_\_\_\_

Favourite activities (at home): \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child understand the following *without you using body language* (provide examples):

One-step directions (e.g., "Go and get your shoes.") \_\_\_\_\_

\_\_\_\_\_

Two-step directions (e.g., "Put your coat on and wait by the door.") \_\_\_\_\_

\_\_\_\_\_

Complex directions (e.g., "When you are finished eating you can play outside.") \_\_\_\_\_

\_\_\_\_\_

"What" questions (e.g., "What are you doing?" "What's that?") \_\_\_\_\_

\_\_\_\_\_

"Who" questions (e.g., "Who's at the door?") \_\_\_\_\_

\_\_\_\_\_

"Where" questions (e.g., "Where's your car?") \_\_\_\_\_

"Why" questions (e.g., "Why are you crying?") \_\_\_\_\_

Other questions \_\_\_\_\_

**What does your child like to communicate most to you** — either using words or without words?

- What he/she is doing at the time
- What you are doing
- Favourite toys
- What he/she has seen on television
- His/her friends and family members
- Other \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

### Your needs and concerns:

Please identify your major concerns about your child. We realize that these may change, but this will provide us with a place to start. Read over the list below to find out some of the questions and concerns expressed by other parents.

What are your top four concerns right now, related to your child's communication and/or general development, which are affecting you and your family?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_



The following statements and questions are examples of concerns expressed by other parents. Please check any that apply to you:

- Why is my child not talking?
- Will my child ever talk normally?
- My child isn't very interested in being with me or other people.
- My child doesn't seem to listen.
- My child doesn't seem to understand what I say.
- My child understands a lot but doesn't talk very much.
- My child shows little or no interest in toys.
- I'm not sure whether it's okay to speak two languages at home.
- My child has a very short attention span.
- My child's behaviour is a problem for me.
- I'm having a hard time coping with my child's (communication) difficulties.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Parents' signatures \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

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3. \_\_\_\_\_

4. \_\_\_\_\_

