

COMMUNICATION ENVIRONMENTS DATA SHEET

Home Form

This form is used to gather the necessary information to customize your child's communication system. Please answer all questions as completely as possible.

NAME: _____ BIRTHDATE: _____
ADDRESS: _____
AGE: _____ PHONE: _____

FAMILY

Brothers' & Sisters' Names and Ages:

_____/_____/_____
_____/_____/_____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Other Relatives and Friends

(specify): _____

FAVORITE ACTIVITIES

T.V. (specify show & characters)

Toys: _____

Trips: _____

Special interests: _____ Swings, _____ Camping, _____ Fishing, _____ Puzzles, _____
_____ Other (Specify) _____

Reading (specify books) _____

Games: _____

Arts&Crafts: _____

FAVORITE FOODS AND DRINKS

DAILY ROUTINE

Give a brief description of a typical day's activities:

Scheduled activities: (specify days)

School _____

Church _____

P. T. _____

Speech Therapy _____

O.T. _____

Recreation _____

Other :(Specify) _____

CONVERSATIONAL NEEDS

List 5 things you would like your child to be able to express.

1 _____
2 _____
3 _____
4 _____
5 _____

List 5 things your child would like to be able to say.

1 _____
2 _____
3 _____
4 _____
5 _____

CHILD'S DISLIKES AND/OR FEARS

1 _____
2 _____
3 _____
4 _____
5 _____

Form completed by: _____

Date: _____