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## KidTalk

### Speech and Language Group Program

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Phone #s: Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

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

Is your child currently in speech-language therapy or has your child received speech and language services in the past? If yes, please provide details (Where? When?).

What are your current speech and language concerns?

Is your child currently in a preschool or school program? Where?

What are your child's strengths?

What do you hope your child will learn from the group environment?

What would you like us to know about your child? What are your child's interests?