



Speech & Language Therapy
Occupational Therapy &
Educational Services

Educational Registration Form

First Name: _____ Last Name: _____

Nickname: _____ Birth Date: _____ Sex: _____

Contacts

Contact #1

Parent/Guardian Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Email: _____

Email Reminders: Yes No Cell Reminders: Yes No

Contact #2

Parent/Guardian Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Email: _____

Email Reminders: Yes No Cell Reminders: Yes No

Does the child have siblings or are there other children in the home?

Child 1 Name: _____ Age: _____ Sex: _____

Child 2 Name: _____ Age: _____ Sex: _____

Child 3 Name: _____ Age: _____ Sex: _____

Others: _____

Is there any additional information you would like to share about your family or home environment that may be relevant? _____

Language(s) spoken in the home & by whom: _____

How did you hear about It's More Than Speech? _____

Briefly describe why you're seeking Educational Services at IMTS (i.e. area of concern or support needed):



General Information

Does your child currently have a medical or developmental diagnosis that may impact their learning or educational needs?

Is your child currently taking any medications that may be relevant to their educational performance or services? (Name and dosage): _____

How would you describe the child's educational journey to date? (e.g., at/below/above grade level, learning milestones, curriculum used): _____

Does your child share any thoughts or opinions about reading or writing? _____

Which subjects does your child seem to enjoy? Please explain. Do they show reluctance in any subject areas?

On a scale of 1-5, how confident does your child feel about their reading ability? (5 = very confident and chooses to read regularly)

On a scale of 1-5, how confident does your child feel about their math ability? (5 = very confident)

Do you know your child's current reading level or ability? (e.g., teacher's progress notes, Lexile level, or other assessment information) _____

Do you know your child's current math level or ability? (e.g., teacher's progress notes or assessment information)

What are your child's favorite books or stories? _____

What are your educational goals for your child over the next 6 months? (e.g., improve fluency, build sight word recognition, memorize math facts, increase confidence in specific subjects) _____



Educational History

Is the child currently enrolled in childcare or school: Yes No

What is the name of the school or program? _____

What day(s) do they attend? _____

What is their grade level: _____

Type of classroom: _____

Does your child currently have an IEP or 504? Yes No

If yes, what services and/or accommodations is the child receiving at school or program? _____

**Please provide a copy of the IEP and/or 504 to our office*

Please describe any educational difficulties or learning challenges that this child has faced: _____

Social History

How would you describe your child's personality/demeanor: _____

How does the child interact with parents, siblings or other family members? _____

How does the child interact with other children outside of the home? _____

What are the child's favorite activities? _____

Does your child become easily frustrated with certain activities? If yes, please explain: _____

Does your child have any strengths or weakness you would like to share: _____



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What social goals do you have for your child over the next 6 months? (e.g., improve attention, communicate calmly with peers/adults). _____

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Thank you for the opportunity to work with your child. If you have any questions or concerns, please call our office at (907) 290-9595.