

# Olmos Speech, Language and Learning Clinic

5800 Broadway, Suite 106 / San Antonio, Texas 78209/ 828-5583 - Fax (210) 828-4129

## Dyslexia Checklist for Classroom Teachers

Student	_____
School	_____
Grade	_____ Subject _____
Teacher	_____
Date	_____

Please check all that apply to the student's typical performance in your class

### Perceived Academic Potential

- Seems to have the intellectual ability to perform grade level work
- Actual performance of academic work seems below expectation as compared to perceived intellectual ability

### Handwriting Skills

- Handwriting is messy, with many erasures
- Spacing within words or among words is poor
- Spacing on page is poor
- Avoids writing
- Written work takes longer than expected

### Spelling/Composition Skills

- Has difficulty spelling words correctly
- Spontaneous spelling is worse than performance on spelling test
- Spells the same word differently on a single writing task
- Spells phonetically
- Transposes or omits letters within words (left for felt, strt for start)
- Lacks grade appropriate punctuation and capitalization
- Lacks grade appropriate paragraph organization

### Reading Skills

- Has difficulty with common sight words
- Has difficulty sounding out
- Does not recognize the same word presented later in passage
- Guesses at words
- Reads slowly
- Has poor literal recall
- Has poor inference ability
- Has difficulty following written directions
- Has difficulty with Math word problems

### Academic Behaviors

- Has short attention span
- Has inconsistent grades/performance day to day
- Has poor organizational skills
- Parents report homework taking too long

Additional comments that you feel may be relevant in assisting our evaluation of this student:

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## Checklist for Language Based Learning Disabilities

Child's Name \_\_\_\_\_  
School \_\_\_\_\_  
Grade \_\_\_\_\_ Birthday \_\_\_\_\_  
Person Completing Form \_\_\_\_\_  
Today's Date \_\_\_\_\_

Please check all that apply to your student

### Speech Sound Awareness (Kindergarten Level)

- cannot rhyme
- cannot identify words beginning with the same sound
- has difficulty counting (clapping) words within a sentence
- has difficulty counting (clapping) syllables within a word
- has problems learning letter names
- has problems learning sound-letter correspondence

### Word Retrieval

- has difficulty retrieving a specific common word (e.g. calls a sheep a goat or "you know, a wooly animal")
- shows poor memory for labels or new content vocabulary
- speech is hesitant, filled with pauses or vocalizations (e.g. "um", "you know")
- frequently uses words lacking specificity (e.g. "stuff", "that thing")
- has problems recalling common verbal sequences (e.g. days of the week, months of the year)

### Verbal Memory

- has difficulty remembering instructions or directions
- has difficulty learning new vocabulary
- has difficulty memorizing math facts, words to songs or poems
- has difficulty learning a second language

### Speech Production

- has problems correctly saying common words with complex sound patterns (e.g. animal, cinnamon, specific)
- mispronounces names
- confuses a similar sounding word with another (e.g. "Entire State Building")
- reverses sounds in phrases (e.g. "brue blush for blue brush")

### Comprehension

- responds to only one part of a multiple element request
- requests repetition of directions with little improvement in understanding
- fails to request clarification when obvious does not comprehend instructions
- has difficulty understanding questions
- fails to understand age appropriate humor
- has difficulty making inferences, predicting outcomes, drawing conclusions
- lacks understanding of spatial and quantitative terms

### Expression

- talks in short sentences
- makes grammatical errors inappropriate to age
- lacks variety in vocabulary (e.g. uses "sad" to mean "worried" or "confused")
- has difficulty giving directions or explanations
- relates stories of events in a disorganized incomplete manner so that the listener does not understand
- fails to repair conversation to aid listener understanding
- has difficulty with conversational rules such as turn-taking, staying on topic, or indicating understanding or lack of

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## What should my child be able to do?

(American Speech, Language and Hearing Association)

### Receptive Language (Hearing and Understanding)

#### Birth - 3 Months

- Startles to loud sounds.
- Quiets or smiles when spoken to.
- Seems to recognize your voice and quiets if crying.
- Increases or decreases sucking behavior in respond to sound.

#### 4 - 6 Months

- Moves eyes in direction of sounds.
- Responds to change in tone of your voice.
- Notices toys that make sounds.
- Pays attention to music.

#### 12 - 24 Months

- Points to a few body parts when asked.
- Follows simple commands and understands simple questions (“Roll the ball”, “Kiss the baby”, “Where’s your shoe?”).
- Listens to simple stories, songs and rhymes.
- Points to pictures in a book when named.

#### 2 - 3 Years

- Understands differences in meaning (“go-stop”, “in-on”, “big-little”, “up-down”).
- Follows two requests (“Get the book and put it on the table”).

#### 3 - 4 Years

- Hears you when you call from another room.
- Hears television or radio at the same loudness level as other family members.
- Understands simple “wh” (who, what, where, why) questions.

#### 4 - 5 Years

- Pays attention to a short story and answers simple questions about it.
- Hears and understands most of what is said at home and in school.

### Expressive Language (Talking)

#### Birth - 3 Months

- Makes pleasure sounds (cooing, gooing).
- Cries differently for different needs.
- Smiles when sees you.

#### 4 - 6 Months

- Babbling sounds more speech-like with many different sounds, including *p*, *b* and *m*.
- Vocalizes excitement and displeasure.
- Makes gurgling sounds when left alone and playing with you.

#### 12 - 24 Months

- Says more words every month.
- Uses some one- or two- word questions (“Where’s kitty?”, “Go bye-bye?”, “What’s that?”).
- Puts two words together (“more cookie”, “no juice”, “mommy book”).
- Uses many different consonant sounds at the beginning of words.

#### 2 - 3 Years

- Has a word for almost everything.
- Uses two- or three- word “sentences” to talk about and ask for things.
- Speech is understood by familiar listeners most of the time.
- Often asks for or directs attention to objects by naming them.

#### 3 - 4 Years

- Talks about activities at school or at friend’s homes.
- Speaks clearly enough that people outside of the family usually understand his or her speech.
- Uses a lot of sentences that have four or more words.
- Usually talks easily without repeating syllables or words.

#### 4 - 5 Years

- Makes voice sounds clear like other children’s.
- Uses sentences that give lots of details (e.g. “I like to read my books”).
- Tells stories that stick to topic.
- Communicates easily with other children and adults.
- Says most sounds correctly (except perhaps certain ones such as *l*, *s*, *r*, *v*, *z*, *ch*, *sh*, *th*).
- Uses the same grammar as the rest of the family.

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## History Form

### Information

Name: \_\_\_\_\_

School: \_\_\_\_\_

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

Grade: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Parents: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Address (if not the same): \_\_\_\_\_

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

\_\_\_\_\_ Zip: \_\_\_\_\_

Referred by whom (school, doctor, agency, individual, other) \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Why is the child being referred: \_\_\_\_\_

email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

### Family Information

#### Mother's Information:

Circle one: Biological - Adoptive - Step

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Health: \_\_\_\_\_

Education: \_\_\_\_\_

If deceased, date and cause: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

#### Father's Information:

Circle one: Biological - Adoptive - Step

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Health: \_\_\_\_\_

Education: \_\_\_\_\_

If deceased, date and cause: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

#### Other children in the family:

Name \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

Living in the home

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Do any of the children have special problems (speech, hearing, language, academic, emotional, behavioral, medical or other?) Describe: \_\_\_\_\_

\_\_\_\_\_

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## History Form (page two)

Are any of the children adopted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Names: \_\_\_\_\_ Age at the time of adoption: \_\_\_\_\_  
\_\_\_\_\_

Other persons living in the home (and relationship to client): \_\_\_\_\_  
\_\_\_\_\_

Is there any language spoken in the home other than English? If yes, what is the dominant language spoken in the home? \_\_\_\_\_

Are there any family problems which you feel might be contributing to the present difficulties of the child (such as illness, death, frequent school changes, absence of either parent, etc?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a history of speech, language or learning difficulties in the family? \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_

## Birth & Neonatal History

Mother's age at time of pregnancy? \_\_\_\_\_ Number of pregnancies? \_\_\_\_\_

Which pregnancy was this child? \_\_\_\_\_ Any miscarriages? \_\_\_\_\_

Where there any unusual conditions associated with this pregnancy (x-rays, German Measles, toxemia, high blood sugar, RH negative, bleeding, illnesses, seizures, surgery, drugs or medication)? \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_

Type of delivery: Normal \_\_\_\_\_ Induced \_\_\_\_\_ Breech \_\_\_\_\_ Caesarean \_\_\_\_\_

Were anesthetics used? \_\_\_\_\_ Forceps? \_\_\_\_\_

Were there complications during delivery? \_\_\_\_\_  
\_\_\_\_\_

Was this birth premature? \_\_\_\_\_ Period of gestation: \_\_\_\_\_ Birth weight: \_\_\_\_\_

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## History Form (page three)

Was the baby a twin? \_\_\_\_\_ Was there a need for special treatment at birth? \_\_\_\_\_

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Was there any problems during the first several months after birth? \_\_\_\_\_

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### Motor Development

Give the ages for the following:

Feed self: \_\_\_\_\_ Sitting: \_\_\_\_\_ Standing: \_\_\_\_\_ Walking: \_\_\_\_\_ Bladder Control: \_\_\_\_\_ Bowel Control: \_\_\_\_\_

Did he/she appear to be delayed in developing motor skills such as climbing, running, skipping, riding a tricycle, riding a bicycle, roller skating, etc.? \_\_\_\_\_

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Did he/she fall frequently? \_\_\_\_\_ Does he/she appear to be clumsy? \_\_\_\_\_

Which hand does he/she prefer to use? \_\_\_\_\_

Does he/she use this hand consistently? \_\_\_\_\_

At the present time, are there any difficulties with eating, sleeping or bladder control? \_\_\_\_\_

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### Speech and Language Development (Birth to Preschool)

At what age did he/she use single words? \_\_\_\_\_ 3 or 4 word sentences? \_\_\_\_\_

Was early speech easily understood by the family? \_\_\_\_\_

Did he/she have difficulty understanding what was said to him/her? \_\_\_\_\_

Did he/she pay attention to what was said to him/her? \_\_\_\_\_

Was he/she able to follow oral instructions? \_\_\_\_\_

Did he/she recall and recount happenings? \_\_\_\_\_

Did he/she enjoy being read to? \_\_\_\_\_

Did he/she enjoy watching television? \_\_\_\_\_

Did he/she have difficulty correctly sequencing words in a sentence? \_\_\_\_\_

Did he/she have difficulty expressing his/her thoughts, ideas or feelings? \_\_\_\_\_

Did he/she ever become frustrated if others were unable to understand him/her? \_\_\_\_\_

Did he/she have difficulty using words correctly, such as verb tenses, plurals, pronoun usage, etc.? \_\_\_\_\_

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## History Form (page four)

Did he/she ever prefer to communicate by using gestures instead of speech? \_\_\_\_\_

In comparison to other children his/her age, do you feel vocabulary development was:

Limited \_\_\_\_\_ Normal \_\_\_\_\_ Advanced \_\_\_\_\_

### Medical

Name of physician: \_\_\_\_\_

Were there any illnesses or injuries that were long term, traumatic or that required surgery? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Please describe: \_\_\_\_\_

Is he/she on any type of medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type and for what reason: \_\_\_\_\_

Has your child had any of the following diseases or disorders?

Frequent sore throats: \_\_\_\_\_

Frequent colds: \_\_\_\_\_

Allergies: \_\_\_\_\_

Asthma: \_\_\_\_\_

Frequent Headaches: \_\_\_\_\_

Convulsive Seizures: \_\_\_\_\_

Other (describe): \_\_\_\_\_

Is there a history of otitis media (middle ear infection)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how frequent and age of occurrence: \_\_\_\_\_

Type of treatment for otitis media: \_\_\_\_\_

Describe general physical condition: \_\_\_\_\_

Has his/her hearing ever been tested? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, when? \_\_\_\_\_

Where: \_\_\_\_\_

Results: \_\_\_\_\_

Has his/her vision ever been tested? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, when? \_\_\_\_\_

Where: \_\_\_\_\_

Results: \_\_\_\_\_

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## History Form (page five)

### Education

Schools attended:

Place: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has he/she ever repeated a grade? \_\_\_\_ Yes \_\_\_\_ No. If yes, which? \_\_\_\_\_

How does the teacher describe your child's behavior in school? \_\_\_\_\_  
\_\_\_\_\_

Does he/she like school? \_\_\_\_\_

Are any school subjects difficult for him/her? \_\_\_\_ Which ones: \_\_\_\_\_

What kind of grades does he/she receive? \_\_\_\_\_

Have grades changed significantly in his/her school history? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has he/she ever received services in school (speech, resource, reading specialist, counselor)? \_\_\_\_\_

Please describe (grade and specific service): \_\_\_\_\_  
\_\_\_\_\_

Has your child received educational support outside of school? \_\_\_\_ Yes \_\_\_\_ No

If yes, when: \_\_\_\_\_ Where: \_\_\_\_\_

Have there been previous educational/psychological evaluations of your child? \_\_\_\_ Yes \_\_\_\_ No

If yes, when: \_\_\_\_\_ Where: \_\_\_\_\_

### Social and Emotional History

Does he/she get along well with brothers and sisters? \_\_\_\_ Yes \_\_\_\_ No

Does he/she prefer to play alone? \_\_\_\_ Yes \_\_\_\_ No

Does he/she prefer to play with younger children? \_\_\_\_ Yes \_\_\_\_ No

Does he/she prefer to play with older children? \_\_\_\_ Yes \_\_\_\_ No

Do older children seek him/her out to play? \_\_\_\_ Yes \_\_\_\_ No

Does he/she make friends easily? \_\_\_\_ Yes \_\_\_\_ No

Is he/her behavior consistent with his/her age? \_\_\_\_ Yes \_\_\_\_ No

Explain: \_\_\_\_\_  
\_\_\_\_\_



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## Release of Information

\_\_\_\_\_ and Olmos Speech, Language and Learning Clinic have my  
(therapist's name) permission to share records on:

\_\_\_\_\_  
(client's name)

with \_\_\_\_\_

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

Therapist: \_\_\_\_\_

Parent: \_\_\_\_\_

Client (if adult): \_\_\_\_\_

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## Billing Information

### Fees for services are as follows:

Diagnostic, Consultation & Parent Conference Services	Therapy Services
\$150.00 per clinical hour	\$75 per clinical hour
	\$56.25 per clinical 3/4 hour
	\$37.50 per clinical 1/2 hour

**Fees:** Evaluation fees are payable at the completion of the final conference unless advance arrangements have been made with this office. Evaluation and therapy fees are charged to the parent or guardian and payment for services are the responsibility of the parent or guardian.\* The diagnostic reports or information will be forwarded until fees are paid in full. Past due accounts may be charged a late payment fee.

**Cancellation Policy:** If circumstances require that you cancel an appointment, please notify our office 24 hours in advance. When a client does not appear for a scheduled appointment, "No Show" is recorded on the billing statement. Only one "No Show" will be allowed without charge. Beginning with the second "No Show", the billing statement will reflect the full charge for the session. You may discuss sudden emergencies or illnesses with your therapist for possible exceptions.

### Please fill in the following information for our records:

Person responsible for the bill: \_\_\_\_\_

Signature of person responsible for the bill: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I have read the above material and agree to abide by it: \_\_\_\_\_

Parent or Guardian Signature

\* We do encourage you to check your insurance policy for possible coverage for speech, language and learning disability evaluation and/or therapy. Your payment receipt will be an insurance/billing statement documenting dates and charges. You can file this statement with your insurance company. Reimbursement would be made directly to you. Your insurance carrier determines the final decision for reimbursement. We will be happy to assist you with any information you might need when filing your claim.

### State Board of Examiners for Speech-Language Pathology and Audiology

1100 West 48th Street  
Austin, Texas 78756-3183  
(512) 834-6627

### -COMPLAINT PROCEDURES-

A consumer who wishes to file a complaint against an individual licensed by this board may call 1-800-942-5540 to request the appropriate form.