

S.E.E.DS. of the Willistons Inc.

129A Hillside Avenue • Williston Park, NY 11596 • (516) 742-5243

By completing all requested information, we will be able to service your needs better.

All information provided will kept in strict confidence

ACCENT MODIFICATION

Adult Client Case History Intake Form

Client's Full Name: _____ Date of Birth: _____

Street: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Referred by: _____ Phone: _____

Address: _____ Affiliation: _____

What is your primary language? _____

Other than English, Do you speak any other languages? _____

How long have you been speaking English? _____

Where did you learn English? _____

Please describe the concerns you have regarding your speech/?

When was this problem first noticed and by whom? _____

Have you been seen by any other specialists? Who and when? What were their conclusions and recommendations? Was a formal evaluation ever completed? _____

Present Communication Profile

Which of the following best describes your speech? (check all that apply)

- Easy to understand
- Difficult for others to understand
- Almost never understood by others

Educational History

Please list all educational programs you have attended.

Dates	Name of School	Type	Comment

Please provide any additional information that you believe might be helpful in understanding you.

Name of Person Completing this form

Signature of Above Person

Date