

AQUA -TALK

Speech-Language Therapy Program



Consent for Aqua Talk Participation

I understand that I am giving permission for my child, _____, to participate in the 2007 Summer Aqua Talk Pool Groups program. I understand that my child will be participating in Social-Language/Game activities in the pool; however, my child is not receiving individual and/or group speech-language “treatment.” I understand that because my child is participating in a group activity there is the potential for social conflicts between children to arise. Every effort will be made to use these conflicts as a positive learning opportunity within the group. If your child has a history of negative behaviors which could potentially harm the instructors, other children and/or property, it is your responsibility to inform SPEECH PATHways at this time. It is your responsibility to bring your child to the pool with the appropriate attire and sunscreen protection. This includes swim diapers if necessary. The pool does not allow “water wings” or “floaties” for the arms; however, flotation swimsuits are permitted.

Child’s Name _____

Parent/Guardian (please print) _____

Signature Parent/Guardian _____

Date _____

AQUA -TALK

Speech-Language Therapy Program

Registration Form

Date: _____

Child's Full Name: _____

Date of Birth: _____

Age: _____

Parent(s)/Guardian(s): _____

Grade: _____

School: _____

Home Address: _____

Home Phone #: _____

Cell Phone #: _____

Other #: _____

Emergency Contact: _____

E-mail Address: _____

Child's Diagnosis: _____

Class Time Preference on Thursdays: Mornings Afternoon Evening

Potential schedule conflicts: _____

Significant Medical Information and/or Allergies? _____

Significant physical limitations? _____

Significant behavioral information and/or concerns?

Is your child an independent swimmer? Yes No

Is your child comfortable in the water? Yes No

Has your child ever has swim lessons? Yes No Most recent date? _____

Does your child have a habit of unsafe behaviors around or in a pool? Yes No

If yes, please describe _____

What is your child's height? _____

What is your child's weight? _____

Does your child require physical assistance in the pool to support their body in the water? Yes No

Will your child place their face/head under water? Yes No

COMMUNICATION STATUS

How would you describe your child’s current communication ability? (Check all that apply)

- Almost never communicates
- Sometimes communicates
- Communicates frequently

- Is very easy for me to understand when I know the topic of conversation
- Is fairly easy for me to understand when I know the topic of conversation
- Is difficult for me to understand when I know the topic of conversation

- Is very easy for me to understand if I don’t know the topic of conversation
- Is fairly easy for me to understand if I don’t know the topic of conversation
- Is difficult for me to understand if I don’t know the topic of conversation

- Is usually understood by other people who don’t know him/her well
- Is usually NOT understood by other people who don’t know him/her well

In your own words, please describe how your child communicates:

Indicate the extent to which you agree with the following statements: (circle one)

Your child is able to communicate effectively to express pleasure or displeasure.

Strongly Disagree Disagree Not Sure Agree Strongly Agree

Your child can communicate to get help when needed.

Strongly Disagree Disagree Not Sure Agree Strongly Agree

Your child’s biggest communication need is to ask for things he/she needs.

Strongly Disagree Disagree Not Sure Agree Strongly Agree

Your child’s biggest communication priority is to get or give information (e.g. ask or answer questions).

Strongly Disagree Disagree Not Sure Agree Strongly Agree

Pragmatic Language/Social Skills (please circle any of the following that your child has difficulty with):

- Introductions and greetings*
- Eye contact*
- Turn taking in activities*
- Turn taking in conversations*
- Maintaining topic of conversation*
- Using appropriate conversational topics*
- Body space*
- Body language*
- Reading non-verbal cues*
- Facial Expressions*
- Emotions/feelings*
- Building and/or Maintaining Friendships*
- Initiating Conversations*
- Terminating Conversations*
- Problem Identification*
- Conflict resolution*
- General Manners*
- Impulse control*
- Respect for Authority*

Please list any special interests or hobbies your child has: _____

Does your child seem to “fit in” better with older or younger children? _____

Fully Potty Trained? Yes No

Will your child indicate when he/she needs to use the bathroom? Yes No

How will your child indicate when he/she needs to use the bathroom?

Is your child independent in the bathroom? Yes No

What is the average length of time your child can stay playing at one activity? _____

Which activities seem to hold your child's attention for the longest period of time? _____

Which activities seem to hold your child's attention for the shortest period of time? _____

Is your child's play easily distracted by any of the following?

- Visual stimuli (i.e., other toys or objects)
- Auditory stimuli (i.e., voices, sounds outside, the TV)
- Nearby activities
- Other people in the room

List some of your child's favorite toys, TV programs and videos: _____

SOCIAL/EMOTIONAL DEVELOPMENT

Check behaviors that you feel best describes your child:

- | | |
|---|--|
| <input type="checkbox"/> Overly active | <input type="checkbox"/> Defiant |
| <input type="checkbox"/> Overly quiet | <input type="checkbox"/> Easily controlled/Passive |
| <input type="checkbox"/> Excessive tantrums | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Dependent upon routines |
| <input type="checkbox"/> Very shy | <input type="checkbox"/> Difficulty separating from parent |
| <input type="checkbox"/> Perfectionistic | <input type="checkbox"/> Thumb-sucking |
| <input type="checkbox"/> Friendly, outgoing | <input type="checkbox"/> Drooling |
| <input type="checkbox"/> Imaginative and creative | <input type="checkbox"/> Teeth grinding |
| <input type="checkbox"/> Plays well with other children | <input type="checkbox"/> Mouth breather |
| <input type="checkbox"/> Prefers older children | <input type="checkbox"/> Interrupted/Unusual eating habits |
| <input type="checkbox"/> Prefers younger children | <input type="checkbox"/> Interrupted/Unusual sleeping habits |

Describe any discipline problems you have with your child and how you deal with these issues: _____

Describe any evaluations or therapy for behavior or emotional problems: _____

THERAPY HISTORY

What other services does your child have now? What has he/she had in the past?

Type of service	Has Now	Had Before
Physical Therapy		
Occupational Therapy		
Speech-Language Therapy		
Psychological or Behavioral Counseling		
Nutritional Services		
Other (describe)		

HEARING HISTORY

Do you ever question your child's ability to hear normally? Yes No

If "yes", please explain: _____

Is your child easily distracted? Yes No

Does your child have difficulty following directions? Yes No

When was the last time your child's hearing was checked?

Within the last year 1-3 years ago 4 or more years ago

Child's Doctor: _____

Address: _____ Telephone: _____

City: _____ State: _____

Zip: _____

Parent/Guardian Signature _____

Permission to Photograph & Videotape

I _____ give my permission to the Aqua-Talk! program (a program of SPEECH PATHways) to photograph and/or videotape my child, _____ while he/she is participating in the Aqua-Talk program for the summer of 2007.

Specifically, I give my permission for my child's image to be used in the following situations (please initial next to the items that you are giving permission for):

_____ I give my permission for my child's photographs and/or video image to be used for teaching and/or training purposes of the children in the Aqua-Talk program.

_____ I give permission for my child's photographs and/or video image to be used in conjunction with any Aqua-Talk performance and/or viewing by the general public.

_____ I give my permission for my child's photographs and/or video image to be used for teaching and/or training purposes of other professionals.

_____ I give my permission for my child's photographs to be used for further marketing of the Aqua-Talk program in print and on the SPEECH PATHways web site.

_____ I give my permission for videotapes that include my child to be viewed by parents whose children also participated in my child's group.

Parents may view all photos and videotapes of their child by request at any time. We appreciate your willingness to allow us to utilize photos and video as part of our program, marketing and teaching purposes.

Parent/Guardian Name (please print)

Child/Participant

Parent/Guardian Signature

Date

ACT UP! Representative