



# *It Takes Two to Talk* The Hanen Program<sup>®</sup> for Parents

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\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**DOB (dd/mm/yy)**

\_\_\_\_\_  
**Mother's Name**

\_\_\_\_\_  
**Father's Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Home Telephone**

\_\_\_\_\_  
**Cell**

\_\_\_\_\_  
**Work Telephone (Mother)**

\_\_\_\_\_  
**Work Telephone (Father)**

\_\_\_\_\_  
**Mother's Occupation**

\_\_\_\_\_  
**Father's Occupation**

\_\_\_\_\_  
**Family Doctor/Pediatrician**

\_\_\_\_\_  
**Siblings**

\_\_\_\_\_  
In which language do you speak to your child most/all of the time?

\_\_\_\_\_  
In which language do you speak to your spouse/partner?

\_\_\_\_\_  
Child's Day-care Center/Preschool

**MEDICAL DIAGNOSIS** (if applicable)  
(ASD, cerebral palsy, hydrocephalus, Down syndrome, seizures, etc.)

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**MEDICAL HISTORY** (please provide any significant information regarding your child's birth, health during infancy, allergies, seizures, hospitalizations, etc.)

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Does your child have a history of hearing difficulties?  Yes  No

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Results of latest hearing tests

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When and where were these tests done?

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Has your child had any ear infections/congestion requiring medication and/or tubes?

Does your child have any visual difficulties?  Yes  No

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Results of latest visual tests

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When and where were these tests done?

Does your child have any gross or fine motor difficulties?  Yes  No

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Please describe any difficulties in walking, playing with toys, feeding him/herself

Does your child have any behavioral difficulties?  Yes  No  
(e.g., tantrums, aggressive behavior, extreme shyness, etc.)

Please explain:

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**Communication assessments and/or speech therapy services at other agencies**

Date	Name of person/agency	Comments/results
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**Other assessments and/or therapy programs**

(e.g., developmental assessment, behaviour management, infant stimulation)

Date	Name of person/agency	Comments/results
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<hr/>	<hr/>	<hr/>
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**DEVELOPMENTAL HISTORY**

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When did you become concerned about your child's communication?

Please describe at what stage your child is regarding each of the following:

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Crawling

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Walking

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Feeding him/herself

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Toilet training

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Dressing him/herself

Does your child communicate what he/she needs and wants to you?

- Yes  No  Rarely

Does your child talk about things that are of interest to him/her?

- Yes  No  Rarely

Does your child communicate in any of the following ways?  
(Check all appropriate choices)

- Eye contact/body movements
- Sounds
- Gestures
- Signs/pictures
- Sounds that stand for words (e.g., "brmm" referring to car)
- Single words/word approximations
- Short phrases (two words or more, e.g., "more juice," "mommy go")
- Phrases of three words (e.g., "me more cookies")
- Short sentences (e.g., "I want more cookies")
- Conversation (talks back and forth with you)

Can you understand your child's speech?

- Most of the words
- Some of the words
- Almost none of the words

How does your child communicate and interact with other children?

- Eye contact/body movements
- Not at all; plays alone
- Watches other children
- Mainly grabs things
- Plays alongside but quietly
- Talks to self with occasional comments to other child
- Tells another child what he/she is doing
- Suggests a game (e.g., "play houses")
- Explains to other children what to do in a game

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Other

Favorite activities (at home):

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Additional comments:

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Does your child understand the following *without you using body language?*  
(provide examples)

One-step directions (e.g., “Go and get your shoes.”)

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Two-step directions (e.g., “Put your coat on and wait by the door.”)

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Complex directions (e.g., “When you are finished eating you can play outside.”)

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“What” questions (e.g., “What are you doing?” “What’s that?”)

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“Who” questions (e.g., “Who’s at the door?”)

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“Where” questions (e.g., “Where’s your car?”)

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“Why” questions (e.g., “Why are you crying?”)

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Other questions

What does your child like to communicate most to you — either using words  
or without words?

- What he/she is doing at the time
- What you are doing
- Favorite toys
- What he/she has seen on television
- His/her friends and family members
- Other

Additional comments:

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