



Orange County Speech, Language & Learning Center

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INITIAL PHONE CONSULTATION/ASSESSMENT PLAN — SCHOOL AGE CHILD

Student Name: _____ Date of Birth _____
School: _____ Age: _____
Teacher: _____ Grade: _____

Parent's Name: _____
Home Phone #: _____ Cell Phone #: _____

Current Issues/Problems at School: _____

Teacher's Comments/Concerns: _____

Parent Concerns: _____

Specific Subjects/Academic Areas Child is Struggling With:

Reading Reading Comprehension Spelling Math Other _____

Current and/or Past Services Received: _____

Testing and or IEP Results: _____

Referred By: _____

Test(s) Recommended: _____ Program Recommendations: _____

Received By: _____ Date: _____

Scheduled: yes | no Appointment Date/Time: _____