



Department of Communication Sciences & Disorders
Speech-Language and Hearing Center
503 Behrakis Health Science Center
 ☐6088☐ Boston, MA 02115
 (617) 373-2492

Please indicate if you seek or avoid the following (if neither, please leave row blank):		
	Seeks	Avoids
Visual (e.g., bright colors, contrast colors, lights on/off/dimmed)		
Tactile (e.g., alerted/calmed by touch/avoid or seek textures)		
Gustatory/oral (e.g., seeks out intense flavors, crunchy foods, puts objects in mouth)		
Vestibular (e.g., swinging, spinning, bending upside down is calming/overwhelming)		
Proprioceptive (e.g., crashes into pillows/people, seeks climbing, jumping)		
Auditory (e.g., puts hands over ears, enjoys music/musical toys)		

May we have your permission to request information about the evaluation and/or therapy mentioned above to assist us in our evaluation of your present communication challenge? Yes No

If yes, please fill out one of the attached “AUTHORIZATION FOR RELEASE OF INFORMATION” forms. If the evaluation and therapy took place in more than one place, please fill out one form for each setting.

Are there any limitations on your schedule that would make it impossible for you to come for an evaluation on any specific day? Yes No If yes, please describe:

If you have any other information which you feel would be helpful to us in preparing for your evaluation, please write it in the space provided here.

Thank you for your time in filling out this form!

Please email your completed form to SLHC@northeastern.edu, or print and mail to:

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 30 Leon Street, Boston, MA 02115*