



Director & Certified Learning Specialist - Dr. Chrisna M. Perry

Learning Out Loud Registration Form

Name _____ Age _____ DOB _____

Address: _____
Street City/Town State zip code

Gender: Male Female

Parent/Guardian: _____

Daytime Phone: _____

Mobile Phone: _____

E-mail: _____

Does your child have any allergies? : _____

If so, please specify: _____

Is there a second language spoken at home? : _____

If so, please specify: _____

Does the child speak the language? : _____

Does the child understand the language? : _____

Please tell the approximate age your child achieved the following developmental milestones:

Expressive Language:

Verbal play through cooing and laughing _____ Babbling _____

First words (e.g. dada) _____ Two/three word phrases _____

Answers what, where, and when questions _____

Learning Out Loud/Comprehensive Learning Services, LLC

1250 Indiana Street #1106 • Chicago, Illinois 60605 • Ph: (312) 217-1868

www.learningoutloudonline.com



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Listening Comprehension:

- Turns head towards sounds _____
 - Anticipates an event (e.g. peek-a-boo) _____
 - Responds to simple phrases such as “no” _____
 - Understands simple questions _____ Points to simple pictures _____
 - Responds to 2 step commands (e.g. pick up the ball and put in on the table) _____
- Check any of the following if you think your child has difficulty in any of the following areas:

Pragmatic Language

- Make Eye Contact _____ Conversation Turn-Taking _____
- Joining a Group _____ Understanding Facial Expressions _____
- Attention _____

Do you have any concerns regarding your child’s language skills? If so please explain _____

THANK YOU!

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