



CHILD SPEECH-LANGUAGE CASE HISTORY

*All information is for the confidential use of our clinic staff.

Date: ____ / ____ / ____.

IDENTIFICATION

Child's Name _____ Nickname _____
 (last) (first) (middle initial)

Date of birth ____ / ____ / ____ Sex M F e-mail: _____
 MM DD YYYY

Address _____ Telephone (____) _____ - _____

City _____ St _____ Zip _____

Your name & relationship to child/family _____

Who referred you to the Center? _____

Child is living with: Natural Parents _____ One Parent _____ Adoptive Parent(s) _____ Foster Parent(s) _____
 Parent & Step Parent _____ Other _____ identify _____

Names of Brothers & Sisters Sex Age Grade in School Hearing or Speech Handicap

- 1.
- 2.
- 3.

PARENT INFORMATION

Father's Name _____ Age _____

Birthplace _____

Occupation and place of employment _____

Phone number(s) work (____) _____ - _____ cell (____) _____ - _____ Highest grade completed in school _____

Hearing or Speech disorders? _____

Mother's Name _____ Age _____

Birthplace _____

Occupation and place of employment _____

Phone number(s) work (____) _____ - _____ cell (____) _____ - _____ Highest grade completed in school _____

Hearing or Speech disorders? _____

Describe the problem for which this child has been referred: _____

When and by whom was the problem first noticed? _____

What do you think caused, or is causing, the problem? _____

Do any family members have a similar problem? _____

SPEECH AND LANGUAGE HISTORY

At what age did the child first say words? _____ What were they? _____

At what age did the child combine two words ("want drink," "me go")? _____

At what age did the child speak in simple sentences (three words or more)? _____

Did speech/language learning seem to stop for a time? ____ If yes, explain _____

What languages are spoken in the home? _____

What efforts have been made to help the child talk better? _____

Do you think your child was slow in learning to talk? _____ When did you first notice the speech/language problem? _____

Was the speech/language problem noticed following an illness, accident or unusual occurrence? ____ If yes, explain _____

When is the speech/language problem most noticeable? _____

Do you think the child understands: little ____ some ____ much ____ most ____ of what is said to him/her?

Do others (particularly children) talk for the child? Y / N

Do you have difficulty understanding the child's speech? ____ Do others? ____ If so, who? _____

What does the child do if others have difficulty understanding him/her? _____

Does the child use gestures to communicate? ____ Has the child had any speech/language therapy? ____ When? _____

Where? _____ For how long? _____

Is the child aware of his/her speech/language problem? _____

HEARING HISTORY

Do you think the child hears well? ____ If not, why? _____

Has the child received medical treatment for ear or hearing problems? ____ If so, when? _____

Dr.'s name and address _____

Findings and treatment _____

Does the child respond to: (please mark Y or N as appropriate)

his/her name _____ verbal commands _____ loud noises _____ gestures only _____ seems to ignore sounds _____.

Does your child have hearing aids? _____ What kind? _____ Which ears? _____

Who recommended the hearing aid(s)? _____

How much is it worn? _____

When did he/she receive the hearing aid(s)? _____

PREGNANCY AND BIRTH HISTORY

Mother's health during pregnancy: good _____ fair _____ poor _____ Explain _____

Baby's birth weight _____ Length of pregnancy _____

Normal pregnancy and delivery _____ If no, describe any special procedures or problems: _____

Condition of child at birth _____ APGAR, if known _____

DEVELOPMENTAL HISTORY

Give the age the child did the following: sat alone _____ walked alone _____ fed self _____

bowel control _____ bladder control _____ dressed self _____ rode tricycle _____ tied shoes _____

Any feeding problems (birth to present)? Describe _____

EDUCATIONAL HISTORY

Present school _____ Address _____

Teacher _____ Grade _____ School performance: Superior _____ Average _____ Poor _____

Describe any problems the child is having in school: _____

Has the child repeated any grades? _____ If so, which ones? _____ Does the child attend any special classes? _____

If so, for what? _____

What do you consider the child's strengths? _____

weaknesses? _____

MEDICAL HISTORY

Describe any serious illness, injury, or surgery including hospitalizations _____

Has the child had (give ages): earaches _____ ear infections _____ hearing problems _____ vision problems _____ frequent colds _____

measles _____ mumps _____ meningitis _____ encephalitis _____ asthma _____ head injuries _____ tonsillitis _____ allergies _____

draining ears _____ high fevers _____ convulsions or seizures associated with high fevers _____

Have any of these diseases resulted in past or present problems? If yes, explain _____

What medicine is the child now taking? _____

Family physician _____ Address _____

City / State / Zip Code _____

Other physician _____ Address _____

City / State / Zip Code _____

SOCIAL HISTORY

Child's interests, hobbies, play activities? _____

Child's playmates (age and number) _____

What are the attitudes of the child's playmates regarding the speech/language problem? _____

RELATED SERVICES

If the child has received services from a psychologist, a neurologist, an audiologist, speech-language pathologist, or other "specialist", please give name, address, and date seen. Also, please have them send a copy of their findings to our clinic:

Is there any special information which you would like to add? _____

Name of person completing this form? _____ Relationship to child? _____

Signature _____

To whom would you like reports sent?

1. Name _____.

Street _____.

City, State, Zip _____.

2. Name _____.

Street _____.

City, State, Zip _____.