Speech Language Case History Form

Child's Name:__________________
Date of Birth: ________________
□ Male □ Female
Parent/Guardian: __________________________
Occupation: __________________________

Home Phone #:__________________
Cell Phone#________________________
Parent/Guardian: __________________________
Occupation: ______________________________
Cell Phone #:_______________________
Email Address: ___________________________________

Family Information:
Form Completed by: □ Mother □ Father □ Guardian □ Caregiver

Address: ____
____
____

Statement of Problem: Describe the concerns you have about the child's communication skills at this time:

____

____

____

Are there any skills the child had learned previously, but can no longer use? Please describe

____

____

Has the child's hearing been tested? □Yes □ No If yes, please bring a copy of the hearing test results to your appt.

If yes, where was the test completed? ____

Date Completed_______________________________________
Results of the hearing test: □ Hearing within normal limits □ Hearing loss □ Further testing required

Family Background:

Name(s) of Others Living with Child	Relationship to Child	Age	Sex

Have any family members had any speech, language, hearing problems, or learning difficulties?
□ No □ Yes If Yes, who? _____________________________ Please describe

____

What languages are spoken in the home? ____
What is the primary language used with this child? _____________________________________

Was this child adopted? ☐ No ☐ Yes If Yes, at what age? __________ From Where? ________________________

Child's Medical History:

Name of Child's Physician: ___________________________________ Medical Office: _____________________

Describe the mother's health during pregnancy:

____

Were there any unusual conditions or problems during the pregnancy or birth? ☐ No ☐ Yes , If yes, please describe:

____

____

Were there any drugs or alcohol consumed during the pregnancy? ☐ No ☐ Yes If yes, what and how often?

Was the pregnancy full term? ☐Yes ☐No If no, how early or late? ________________________

Birth weight: _________

Does your child have any medically diagnosed illness or conditions? ☐Yes ☐ No If yes, please explain:

____

____

____

Is your child taking any medications? ☐Yes ☐No If yes, please list:

Name Of Medicine Dosage_________________________

____

____

____

Has your child experienced any of the following?

☐ Frequent Colds ☐ Seizures ☐ Snoring ☐ Mouth Breathing ☐ Sleeping Problems

☐ Frequent Ear Infections ☐ Other:

Has your child had any surgeries, accidents or hospitalizations? ☐ No ☐ Yes If yes, please explain:

____

____

Are there or have there ever been any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing, etc.)? ☐ No ☐ Yes If yes, please explain:

Is there anything else we should know about your child's medical history? ☐ Yes ☐ No If yes, please explain:

____

____

Has your child had any of the following evaluations or assessments? Please indicate:

☐ Hearing ☐Speech and Language ☐Psychological ☐Physical Therapy

☐ Neurological ☐Occupational Therapy ☐Developmental ☐Vision

What were the results?

Has your child received any of the following services? ☐ Speech/Language ☐ OT ☐ PT ☐ Developmental Therapy

Please be sure to bring copies of any evaluations, treatment plans, or IEPs, etc.

Developmental History:
Please provide the approximate age at which the child acquired the following skills. If you can't remember the age, check the box that best describes when he/she acquired the skill as compared to his/her peers.

Activity	Age	Earlier than Peers	Same Time as Peers	Later than Peers
Sit				
Crawl				
Roll over				
Walk				
Feed self				

Speech & Language History:
Please provide the approximate age at which the child acquired the following skills. If you can't remember the age, check the box that best describes when he/she acquired the skill as compared to his/her peers.

Activity	Age	Earlier than Peers	Same Time as Peers	Later than Peers
Babbling (e.g., "ba, ba")				
Use first words				
Put 2-3 words together				
Make sentences				
Put sentences together				
Engage in conversation				
Understand directions				

How does your child usually communicate (check all that apply)?
☐ gestures ☐ non-specific vocalizations ☐ single words ☐ short phrases ☐ sentences

In what situations does the child have more difficulty communicating?
☐ At Home ☐ At Daycare/Preschool ☐ At School ☐ With Friends ☐ Everywhere

Approximately how much of your child's speech do you understand?

_______ Less than 10% _________25% _______ 50% _______ 75% _______ 90% - 100%

Approximately how much of your child's speech do those less familiar with the child understand?
_______ Less than 10% _________25% _______ 50% _______ 75% _______ 90% - 100%

Behavior History:	**Often**	**Sometimes**	**Never**
Does your child seem unusually quiet?			
Does your child seem to be restless or fidgety?			
Does your child get upset easily?			
Does your child rock his/her body?			
Does your child enjoy "messy" play?			
Does your child bump or push others?			
Does your child pinch, bite or hurt oneself?			

Does your child have a difficult time with change?			
Is your child easily distracted?			
Does your child understand personal safety?			
Does your child enjoy the company of other children?			
Does your child enjoy reading or having books read to him/her?			

Describe your child: (Check all that apply)

□ Friendly □ Shy □ Cooperative □ Independent
□ Stubborn □ Tantrums often □ Other

Do you have any concerns about your child's behavior? If so, please describe:

Educational History:

Is your child currently attending:

□ Day care □ Preschool □ Head Start □ School Where:

Number of hours per week: _________________ How is your child doing in the program?

Does your child receive any special services at school? If yes, please describe:

How does your child interact with others (e.g., friendly, shy, cooperative, etc.)?

Additional Information:

What changes would you like to see in your child's development within the next year?

What do you see as your child's strengths?

Thank you for bringing in your child today. I look forward to the oppurtunity to work with you and your family.

Parent/Guardian signature

Date:

HOLLY SPRINGS
feeding & speech