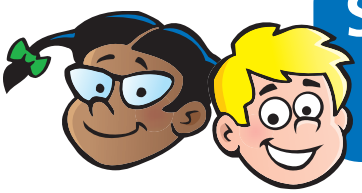

SPEECH-LANGUAGE-HEARING CASE HISTORY FORM

Identifying and Family Information:

Child's Name: _____ Birthdate: _____ Sex: ❑ M ❑ F

Father's Name: _____ Daytime Phone: _____

Address: _____ Cell Phone: _____

_____ E-mail: _____

_____

Mother's Name: _____ Daytime Phone: _____

Address: _____ Cell Phone: _____

_____ E-mail: _____

_____

Doctor's Name: _____ Doctor's Phone: _____

Child lives with (check one):

❑ Birth Parents ❑ Foster Parents ❑ One Parent

❑ Adoptive Parents ❑ Parent and Step-Parent ❑ Other _____

Other children in the family:

Name	Age	Sex	Grade	Speech/Hearing Problems

Child's race/ethnic group:

❑ Caucasian, Non-Hispanic ❑ Hispanic ❑ African-American

❑ Native American ❑ Asian or Pacific Islander ❑ Other _____

Is there a language other than English spoken in the home? ❑ Yes ❑ No

If yes, which one? _____

Does the child speak the language? ❑ Yes ❑ No

Does the child understand the language? ❑ Yes ❑ No

Who speaks the language? _____

Which language does the child prefer to speak at home? _____

Speech-Language-Hearing

Do you feel your child has a speech problem? ❑ Yes ❑ No

If yes, please describe. _____

_____

_____

Do you feel your child has a hearing problem? ❑ Yes ❑ No

If yes, please describe. _____

_____

_____

Has he/she ever had a speech evaluation/screening? ❑ Yes ❑ No

If yes, where and when? _____

What were you told? _____

_____

_____

Has he/she ever had a hearing evaluation/screening? ❑ Yes ❑ No

If yes, where and when? _____

What were you told? _____

_____

_____

Has your child ever had speech therapy? ❑ Yes ❑ No

If yes, where and when? _____

What was he/she working on? _____

_____

Has your child received any other evaluation or therapy (physical therapy, counseling, occupational therapy, vision, etc.)? ❑ Yes ❑ No

If yes, please describe._____

_____

_____

_____

Is your child aware of, or frustrated by, any speech/language difficulties?_____

_____

What do you see as your child's most difficult problem in the home? _____

_____

What do you see as your child's most difficult problem in school?_____

_____

Birth History

Was there anything unusual about the pregnancy or birth? ❑ Yes ❑ No

If yes, please describe. _____

_____

_____

How old was the mother when the child was born? _____

Was the mother sick during the pregnancy? ❑ Yes ❑ No

If yes, please describe. _____

_____

How many months was the pregnancy?_____

Did the child go home with his/her mother from the hospital? ❑ Yes ❑ No

If child stayed at the hospital, please describe why and how long. _____

_____

_____

Medical History

Has your child had any of the following?

- ❑ adenoidectomy
- ❑ allergies
- ❑ breathing difficulties
- ❑ chicken pox
- ❑ colds
- ❑ ear infections
  How often?_____
- ❑ ear tubes
- ❑ encephalitis
- ❑ flu
- ❑ head injury
- ❑ high fevers
- ❑ measles
- ❑ meningitis
- ❑ mumps
- ❑ scarlet fever
- ❑ seizures
- ❑ sinusitis
- ❑ sleeping difficulties
- ❑ thumb/finger sucking habit
- ❑ tonsillectomy
- ❑ tonsillitis
- ❑ vision problems

Other serious injury/surgery: _____

Is your child currently (or recently) under a physician's care? ❑ Yes ❑ No

If yes, why?_____

_____

Please list any medications your child takes regularly: _____

_____

_____

Developmental History

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

_____ sat alone
_____ babbled
_____ put two words together
_____ walked
_____ grasped crayon/pencil
_____ said first words
_____ spoke in short sentences
_____ toilet trained

Does your child...

- ❑ choke on food or liquids?
- ❑ currently put toys/objects in his/her mouth?
- ❑ brush his/her teeth and/or allow brushing?

Current Speech-Language-Hearing

Does your child...

- ❑ repeat sounds, words or phrases over and over?
- ❑ understand what you are saying?
- ❑ retrieve/point to common objects upon request (ball, cup, shoe)?
- ❑ follow simple directions (“Shut the door” or “Get your shoes”)?
- ❑ respond correctly to yes/no questions?
- ❑ respond correctly to who/what/where/when/why questions?

Your child currently communicates using...

- ❑ body language.
- ❑ sounds (vowels, grunting).
- ❑ words (shoe, doggy, up).
- ❑ 2 to 4 word sentences.
- ❑ sentences longer than four words.
- ❑ other _____.

Behavioral Characteristics:

- ❑ cooperative
- ❑ attentive
- ❑ willing to try new activities
- ❑ plays alone for reasonable length of time
- ❑ separation difficulties
- ❑ easily frustrated/impulsive
- ❑ stubborn
- ❑ restless
- ❑ poor eye contact
- ❑ easily distracted/short attention
- ❑ destructive/aggressive
- ❑ withdrawn
- ❑ inappropriate behavior
- ❑ self-abusive behavior

School History

If your child is in school, please answer the following:

Name of school and grade in school: _____

_____

Teacher's name: _____

_____

Has your child repeated a grade? _____

_____

What are your child's strengths and/or best subjects? _____

_____

Is your child having difficulty with any subjects? _____

_____

Is your child receiving help in any subjects? _____

_____

Additional Comments

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____