

### Speech and Language Case History Form

Date: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  
 Home Address: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_  
 Form Completed by:  Mother  Father  Guardian  Caregiver  Other: \_\_\_\_\_

**Family Information:**

Parent/Guardian: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Alt. Phone #: (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Alt. Phone #: (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**Statement of Concern:**

Describe the concerns you have about the child's communication skills at this time: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What do you think may have caused the difficulties this child is experiencing? \_\_\_\_\_  
 \_\_\_\_\_

When was the problem first noticed? Please specify date and person(s): \_\_\_\_\_  
 \_\_\_\_\_

Has the communication problem changed since it was first noticed? If so, please describe: \_\_\_\_\_  
 \_\_\_\_\_

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

Has the child's hearing been tested?  Yes  No \*If yes, please provide a copy of the hearing test results at 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  
 If hearing loss, please describe: \_\_\_\_\_

**Family Background:**

Name(s) of Others Living with the 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:  Good  Fair  Poor

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? \_\_\_\_\_

General condition: \_\_\_\_\_ 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: \_\_\_\_\_

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  Nursing

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

**Developmental History:**

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

\_\_\_\_\_ sat alone \_\_\_\_\_ crawled \_\_\_\_\_ rolled over

\_\_\_\_\_ walked \_\_\_\_\_ toilet trained \_\_\_\_\_ fed self

\_\_\_\_\_ dressed self

How would you describe your child's motor development (running, skipping, grasping crayons/pencils) as compared to his/her peers? \_\_\_\_\_

**Speech & Language History:**

Please tell the approximate age your child achieved the following speech and language milestones:

- \_\_\_\_\_ babbled (e.g. "ba ba")      \_\_\_\_\_ used first words      \_\_\_\_\_ put 2-3 words together  
 \_\_\_\_\_ made sentences      \_\_\_\_\_ put sentences together      \_\_\_\_\_ engaged in conversation  
 \_\_\_\_\_ understood directions      \_\_\_\_\_ retrieved common objects upon request (ball, cup, shoe)  
 \_\_\_\_\_ understood who/what/where/when/why questions

How does your child usually communicate (check all that apply)?

- gestures       single words       short phrases       sentences

In what situations does the child have more difficulty communicating?

- at home       at daycare/school       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%

Does your child hesitate, "get stuck," repeat or stutter on sounds or words?  Yes  No

If yes, describe: \_\_\_\_\_

**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       Difficult to handle       Other \_\_\_\_\_

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

