Bauer
STUTTERING & SPEECH
THERAPY, LLC

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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:_____

_____

Educational History:

Is your child currently attending daycare/school: □ Yes □ No 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.)? _____
Do you have any concerns about your child's behaviors at school? If so, please describe: _____
_____

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? _____
_____
What does your child enjoy playing with or enjoy doing?_____
_____

Additional Comments:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____