



### CHILD CASE HISTORY FORM

Please answer the following questions as best you can and return the form to the clinic prior to the scheduled evaluation. If there are some questions which you cannot answer, leave them blank. Your answers will help us save time in understanding your child's problem.

#### I. ROUTINE INFORMATION

Name of your child: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

Name of parent(s)/guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of person giving information: \_\_\_\_\_

Relationship: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Race of the child\* \_\_\_\_\_

0 = Not reported 1= American Indian/Alaska Native 2 = Black/African American 3 = Asian/  
Pacific Islander 4 = Hispanic 5 = White/ Caucasian

\* This information is requested to be used solely for the purpose of describing caseload diversity.  
Your response will not affect consideration of your child's application.

Why are you requesting a speech-language evaluation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## II. PRESENT SPEECH AND LANGUAGE STATUS

Does your child understand what you say to her/him? \_\_\_\_\_ If not, describe her/ his reactions:  
\_\_\_\_\_

Does your child have trouble understanding other people's speech? \_\_\_\_\_ Give examples:  
\_\_\_\_\_

Do you know why your child does not understand? \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child respond consistently to sounds in the home (doorbell, phone, etc.)? \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_

Do you suspect a hearing loss? \_\_\_\_\_ Why? \_\_\_\_\_  
\_\_\_\_\_

Has your child's hearing ever been evaluation? \_\_\_\_\_

Does your child attempt to talk? \_\_\_\_\_ Is the child's speech understood by parents? \_\_\_\_\_  
Siblings? \_\_\_\_\_ Strangers? \_\_\_\_\_

What is your child's reaction when his/her speech is not understood? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does your child do to express himself when his/her speech is not understood by others? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child say as much as most children of the same age? \_\_\_\_\_ Give an example of  
a sentence your child might say: \_\_\_\_\_  
\_\_\_\_\_

Does your child pronounce words well? \_\_\_\_\_ List sounds or words that your child pronounces incorrectly: \_\_\_\_\_  
\_\_\_\_\_

Select the skill(s) that best describes your child:

- |   |   |
|---|---|
| <input type="checkbox"/> responds to only loud sounds                 | <input type="checkbox"/> makes no vocal sounds      |
| <input type="checkbox"/> responds only to sounds in the home          | <input type="checkbox"/> babbles only               |
| <input type="checkbox"/> understands single words                     | <input type="checkbox"/> says single words          |
| <input type="checkbox"/> understands simple sentences                 | <input type="checkbox"/> speaks in simple sentences |
| <input type="checkbox"/> understands complex directions and sentences | <input type="checkbox"/> uses complex sentences     |
| <input type="checkbox"/> uses only gestures                           |   |

Does your child hesitate and/or repeat sounds or words? \_\_\_\_\_ How often does it happen? \_\_\_\_\_  
\_\_\_\_\_

When did you first notice this behavior? \_\_\_\_\_  
\_\_\_\_\_

Describe any struggle behaviors that accompany the hesitations/repetitions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What, if anything, have you done about it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child's voice too high-pitched? \_\_\_\_\_ too low-pitched? \_\_\_\_\_ too weak or quiet? \_\_\_\_\_ Is your child's voice quality unusual? \_\_\_\_\_ If so, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child's speech too fast? \_\_\_\_\_ too slow? \_\_\_\_\_

Are there any physical causes for any of the above answers? \_\_\_\_\_ If yes. Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. DEVELOPMENTAL HISTORY

#### A. Birth History

Mother's condition during pregnancy? \_\_\_\_\_  
\_\_\_\_\_

Full term? \_\_\_\_\_ If premature, how many weeks gestation? \_\_\_\_\_

Birth weight? \_\_\_\_\_

Birth length? \_\_\_\_\_

Any evidence of injury at birth? \_\_\_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indications of weakness or poor health at birth? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

Any difficulty in initiating breathing? \_\_\_\_\_  
\_\_\_\_\_

**B. Growth**

During infancy, did your child demonstrate any feeding or swallowing problems? \_\_\_\_\_  
Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child increased in height and weight normally? \_\_\_\_\_ If not, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Motor**

Age of sitting up \_\_\_\_\_ Age of crawling \_\_\_\_\_ Age of walking \_\_\_\_\_

Does your child seem to have normal coordination for his/her age? \_\_\_\_\_ If not, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which hand does your child use? \_\_\_\_\_

**D. Speech Development**

Did your child babble and coo during the first ten months? \_\_\_\_\_

At what age did your child use single words meaningfully? \_\_\_\_\_

At what age did your child use short phrases/sentences? \_\_\_\_\_

E. General Development

Does your child have opportunities to play with other children? \_\_\_\_\_

What ages are the children? \_\_\_\_\_ How many times per week? \_\_\_\_\_

Does your child like to play with other children or would your child prefer to play alone? \_\_\_\_\_

At what age did your child start feeding himself/herself? \_\_\_\_\_

Dressing himself/herself? \_\_\_\_\_ Become toilet-trained? \_\_\_\_\_

Does your child present any special behavior problems? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

IV. MEDICAL HISTORY

A. List diseases/conditions and their effects and severity: \_\_\_\_\_

B. List significant injuries, ages and effects: \_\_\_\_\_

C. List operations and ages for each operation: \_\_\_\_\_

D. Name of child's current pediatrician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E. Please list any medication that your child is currently taking (name/dosage/schedule) \_\_\_\_\_

F. Does your child have any allergies or dietary restrictions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. SCHOOL HISTORY

A. Please complete all of the following that apply to your child:

Attended	Name and Location	Age Entered	Dates
Nursery School:	_____		
Elementary School:	_____		
Junior High:	_____		
Senior High:	_____		

B. Status

List subjects that are especially difficult for your child \_\_\_\_\_

Describe any serious behavior problems at school \_\_\_\_\_  
\_\_\_\_\_

Has your child ever repeated a grade? \_\_\_\_\_ Which one and why? \_\_\_\_\_  
\_\_\_\_\_

Has your child's school attendance been regular? \_\_\_\_\_

Describe your child's participation in after-school activities? \_\_\_\_\_  
\_\_\_\_\_

VI. SPEECH-LANGUAGE HISTORY

A. Describe any special work in speech and/or language in school \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates \_\_\_\_\_ Group or individual sessions \_\_\_\_\_ Frequency \_\_\_\_\_

Name of therapist and school \_\_\_\_\_  
\_\_\_\_\_

B. Has your child received any speech/language services at any other clinic or agency? \_\_\_\_\_  
\_\_\_\_\_

Please list the names of other clinics or agencies where your child has been evaluated or treated for speech-language hearing difficulties. Please attach copies of any reports to this form.

Name Location Dates Evaluated Treatment

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

C. Describe any help given to your child by his family, friends, physicians, which has not been reported previously, in attempts to help your child correct his present speaking difficulties. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VII. FAMILY and SOCIAL HISTORY

### A. Family

Parent name \_\_\_\_\_ Age \_\_\_\_\_

Place of birth \_\_\_\_\_ Occupation \_\_\_\_\_

Education completed: \_\_\_\_\_ 8th grade \_\_\_\_\_ High school \_\_\_\_\_ College \_\_\_\_\_ Other \_\_\_\_\_

Parent name \_\_\_\_\_ Age \_\_\_\_\_

Place of birth \_\_\_\_\_ Occupation \_\_\_\_\_

Education completed: \_\_\_\_\_ 8th grade \_\_\_\_\_ High school \_\_\_\_\_ College \_\_\_\_\_ Other \_\_\_\_\_

Names and age of brothers and sisters \_\_\_\_\_  
\_\_\_\_\_

Others in household \_\_\_\_\_  
\_\_\_\_\_

Describe any family history of speech/language or hearing difficulties (e.g. learning disabilities, stuttering, articulation impairment, deafness, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any languages other than English that are spoken in your child's home or everyday environment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_