

Speech-Language Pathology Case History Form

Date: _____ Date of Birth: _____

Name of child: _____

Name of person completing the form: _____

MARITAL STATUS:

- Married
- Separated (both parents must sign the consent form)
- Divorced
 - Full custody _____ (name of parent/guardian)
 - Shared custody (both parents must sign the consent form)

Relationship to child: _____

Child's first language: _____

Other languages spoken in the home (% each): _____

Current living situation: _____

Siblings (if so, please indicate age & gender): _____

Please briefly describe goals you have regarding your child's speech and language development and what do you hope to have happen as a result of this evaluation/intervention:

Educational Information:

Child's school or daycare: _____ Phone #: _____

Child's current Grade: _____

Does your child attend school/daycare fulltime? If not, please describe frequency of attendance:

Does your child receive special education services (PT/OT/SLP)? If so, please describe:

Please list any concerns that were mentioned by educators regarding your child's performance, general development and/or behavior?

Medical/Developmental Information:

Referral Source (If applicable): _____ Phone #: _____

Any complications during pregnancy, birth or infancy? Yes ___ No ___ (if yes, please describe)

Birth weight: _____ Pounds _____ ounces

Was pregnancy full term? Yes ___ No ___ (if yes, please describe)

Please list any childhood illnesses or medical conditions (past and present):

Please list any current medication prescribed to the child and reason for medications:

Please list any allergies:

Does your child suffer from chronic ear infections? Frequency and treatment:



Has your child had a hearing test? Has your child had tubes in his/her ears, hearing aids or cochlear implants? Please describe:

Please record the approximate age at which your child was observed accomplishing the following skills:

Speech skills	Age	Motor Skills	Age
Babbling		Sitting unassisted	
Imitation of sounds		Crawling	
First word		Walking	
2-word utterance		Drinking from cup	
Phrase/sentences		Spoon feeding self	
Reaching		Chewing solid food	

Y/N	Does your child ...
	Repeat sounds, words or phrases
	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 to simple yes/no questions
	Respond to simple who/what/where questions
	Stutter (if yes, please describe below)

Y/N	Your child communicates using ...
	Body language (points, reach, pulls)
	Sounds (vowels, grunting, cries)
	Words
	2 to 4 word sentences
	Sentences longer than four words
	Other:

Social behavior

Please describe any social concerns (short attention span, limited interaction with children and/or adults, limited eye contact, overly active, aggressive behaviors):



Does your child play well with others? Who does your child mainly enjoy playing with?

Family History of Speech and Language disorders (articulation, speech delays, dyslexia, comprehension, stuttering, etc).

Feeding/Swallowing

Please describe any feeding and/or swallowing concerns (difficulty biting/chewing, accepting new foods or textures, drooling excessively).

Has your child ever had a speech and language evaluation? If yes, please describe.

Please list any activities that your child particularly enjoys or things that may increase the child's motivation to participate in sessions:

ADDITIONAL INFORMATION/COMMENTS/CONCERNS:
