



Pre-Language Case History Form

Name _____ Date _____

Date-of-Birth _____ Age _____

School _____ Grade _____

Native Language _____ Primary Language _____

Mother's Name _____ Father's Name _____

Address _____ Address (if different) _____

Phone _____ Phone _____

Home Work Cell (CIRCLE ONE)

Home Work Cell (CIRCLE ONE)

Alternate Phone _____ Alternate Phone _____

Home Work Cell (CIRCLE ONE)

Home Work Cell (CIRCLE ONE)

Email Address _____ Email Address _____

Person Completing Form _____

Physician's Name _____ Phone _____

Referred by _____

FAMILY AND SOCIAL HISTORY

1. List children and adults who live in the home, other than the child's parents.

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

2. Has any member of the family been seen at the Eckelmann-Taylor Speech and Hearing Clinic? If so, when?

3. Is your child currently enrolled in therapy? _____ If so, where?

1. Does your child exchange and hold eye contact with you during communication? YES NO
2. Does your child visually track moving objects or people? YES NO
3. Does your child respond physically to the actions of others? YES NO
4. Does your child ask for attention in non-verbal ways? (gestures, facial expressions) YES NO
5. Does your child notice objects? (indicated by pointing or offering them to another) YES NO
6. Does your child hunt for objects that disappear or pick up objects that are dropped? YES NO
7. Does your child hide objects and then find them? YES NO
8. Does your child imitate movements with objects? (opening a book, dropping a toy, banging a toy) YES NO
9. Does your child perform appropriate movements with objects? (rolling a ball, pushing a toy truck, feeding a baby) YES NO
10. Does your child use (play with) two objects together appropriately? (doll drinking bottle, trucks & people working) YES NO
11. Does your child change an object from one play location to another? (move a toy cow from a barn to inside a fence) YES NO
12. Does your child use several objects together appropriately in a routine or play activity? YES NO
13. Does your child imitate large body movements? (marching) YES NO
14. Does your child imitate fine motor movements? (clapping) YES NO
15. Does your child imitate vocalizations (babbling) or signs? YES NO

16. Does your child produce spontaneous sounds or gestures to indicate wants and needs? Describe these:

17. Does your child use any words? List those words below: _____

COMMUNICATION HISTORY

1. Describe the child’s communicative behavior as completely as possible. Include information on use of speech, gestures, facial expressions, etc.

2. What is the reason for your present concern about the child’s communication?

3. What would you hope to gain through the use of our services?

4. Has the child had any previous evaluation or help with communication?

Yes _____ No _____ If so where? _____

When? _____ What was the nature of the help? _____

5. What things have you tried to change about your child's communicative behavior? Describe:

6. When did you first notice that your child had a communication difficulty? Please explain:

7. What other communication problems have occurred in your family? Explain:

8. At what age did your child begin to talk? _____ Imitate sounds? _____ Words? _____

Phrases and short sentences? _____

9. Can you recall some of his/her words? _____

10. Was there any early feeding difficulty? If so, explain:

11. Has he/she had any difficulty with chewing or swallowing?

12. How does the child react to his/her communication difficulty?

13. How do others react to his/her difficulty?

14. Can you and other family members understand your child's speech? _____ Can unfamiliar listeners? _____

15. If your child does not speak, how does he/she communicate wants and needs?

16. Does your child's communication behavior change when he/she talks with different people?

(mother, father, brother, sister, teacher, friends, strangers, other children)

17. Does your child's speech sound like other children his/her same age? YES NO

18. Is your child able to communicate without getting frustrated?

19. Can your child repeat new words?

20. Do you feel your child can hear well?

21. Has his/her hearing been tested? If yes, when? _____

22. Do you feel that your child understands what you say to him/her?

23. Does your child relate well to you?

24. Does your child relate well to others?

25. Does your child understand directions given to him/her?

26. Does your child use a variety of words when he/she communicates?

27. Can your child retell a story or sequences of events?

28. Can your child tell when 2 words rhyme like *mat* and *bat*?

29. What are your child's favorite playthings? _____

30. What are your child's favorite activities? _____

31. Describe your child's play with his favorite playmates: _____

32. Who cares for your child when you are not available? (i.e. babysitter, relative, pre-school, day-care)

Where? At home: _____ Elsewhere: _____

How many times a week is your child in this person's care? _____

How does this person react to your child's communication difficulty? _____

BIRTH AND DEVELOPMENTAL HISTORY

1. What, if anything, was unusual about the pregnancy or birth?

2. How long was the pregnancy? 7 mo. ___ 8 mo. _____ 9 mo. _____ Other: _____

3. Did the mother take any medications during pregnancy? If yes, please explain:

4. What was the baby's birth weight? _____ lb. _____ oz.

5. When did he/she sit unassisted? _____ Walk? _____ Feed himself/herself? _____

6. When was toilet training established? _____

MEDICAL HISTORY

1. What health problems has your child had (nose, throat, ears, etc.)? _____

2. Early illnesses and approximate ages:

Measles _____ Chicken Pox _____ Mumps _____

Earaches _____ Epilepsy/seizures _____ Other _____

High Fever _____ How high _____ How long _____

3. Have tonsils, adenoids, or both been removed? If so, when?

4. Has the child ever been hospitalized? Why?

At what age? _____ For how long? _____

5. Please list any other conditions your child has that could affect his or her progress in school.