



SPEECH/LANGUAGE Child Case History Form

Client 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: _____	

COMMUNICATION HISTORY:

- Describe the child's communicative behavior as completely as possible. Include information on use of speech, gesture, facial expression, etc.

- What is the reason for your present concern about the child's communication?

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

- 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? Yes No
19. Can your child repeat new words? Yes No
20. Do you feel your child can hear well? Yes No
21. Has his/her hearing been tested? If yes, when? _____ Yes No
22. Do you feel that your child understands what you say to him/her? Yes No
23. Does your child relate well to you? Yes No
24. Does your child relate well to others? Yes No
25. Does your child understand directions given to him/her? Yes No
26. Does your child use a variety of words when he/she communicates? Yes No
27. Can your child retell a story or sequences of events? Yes No
28. Can your child tell when 2 words rhyme like *mat* and *bat*? Yes No
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 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.

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? _____
