

CHILD CASE HISTORY INFORMATION FOR SPEECH

Date of Evaluation _____

Child's Name _____ Age _____ Birthdate _____

Guardian's Name: _____

REFERRED BY _____

Family Physician _____ Address & Phone# _____

School child attends _____

Describe as completely as possible the speech and/or language problem _____

SPEECH AND LANGUAGE HISTORY:

What age did the child babble or make "baby sounds"? _____

Was there a variety of sounds? _____

What age did the child say first meaningful word and what was it? _____

What age did the child put words together such as "want drink", "more milk", etc.? _____

What age did the child make adult-like sentences, such as "I want to go with you"? _____

Is it difficult for you or others to understand his/her speech? _____ Does the child stutter? _____

Has there been any change in the child's speech in the last 6 months? _____

Has the child ever talked better than he/she does now? _____

Does the child seem to be aware of his/her speech difference? _____

What efforts have been made to help the child talk better? _____

When and by whom was the speech difference first noticed? _____

Is the child teased about his speech by others? _____

PREGNANCY AND BIRTH HISTORY:

During this pregnancy, did the mother experience any unusual condition or accident, such as German Measles, false labor, Rh incompatibility etc? _____ If so, describe _____

Length and duration of pregnancy _____ Birth Weight _____

Unusual condition at or immediately after birth? _____ if so, explain _____

Did your child have feeding problems? _____ Seizures _____

GENERAL DEVELOPMENT:

When did the child first hold his/her head alone? _____

When did the child first crawl? _____

When did the child first sit alone without support? _____

At what age did the child pull himself to a standing position? _____

When did he/she first walk unaided? _____

When did the child gain bowel control? Day _____ Night _____

When did the child gain bladder control? Day _____ Night _____

Weight of child at present? _____ Does the child fall or lose balance easily? _____

Does the child seem awkward, uncoordinated? _____

Does the child have difficulty chewing or swallowing? _____

MEDICAL, SOCIAL AND EDUCATIONAL HISTORIES:

List below all illnesses, accidents, and operations which he has had and indicate the severity.

Illness etc.	Age	Duration	Severity	Aftereffects

Is the child in good health at present time? _____

List medications child is currently taking? _____

State any physical handicaps? _____

Is the child nervous? _____ if so, how does he show it? _____

Has he been harder to manage than other children? _____

At what age did the child enter school? _____ Were grades repeated? _____

Is the child in special education classes in school? _____

What are his usual grades? (GOOD, FAIR, AVERAGE, FAILING), please circle

	Yes	No	Explain-Please give age
Eating problems			
Sleeping problems			
Toilet training problems			
Difficulty concentrating			
Needs a lot of discipline			
Underactive			
Excitable			
Laughs easily			
Cries a lot			
Difficult to manage			