



Communication Sciences and Disorders

College of Education

P.O. Box 3091

777 Glades Road

Boca Raton, FL 33431-0991

FLORIDA ATLANTIC UNIVERSITY - COMMUNICATION DISORDERS CLINIC (561) 297 - 2258

SPEECH AND LANGUAGE CASE HISTORY – CHILD FORM

GENERAL INFORMATION

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_ Male/ \_\_\_ Female

Statement of Problem: \_\_\_\_\_

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

Home phone: \_\_\_\_\_, Work phone: \_\_\_\_\_ Cell/Mobile Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's age: \_\_\_\_\_ Father's age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Last grade completed: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Guardian's address: \_\_\_\_\_

Guardian's home/work/cell phone: \_\_\_\_\_; email: \_\_\_\_\_

Table with 4 columns: Brother's Name, Age, Grade, Speech/Hearing/Medical Problems

Sister's Name	Age	Grade	Speech/Hearing/Medical Problems
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Person to contact in case of emergency: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home/work/cell phone: \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

1. Pregnancy and Birth History

Illnesses/Accidents during pregnancy? \_\_\_\_\_

Medications during pregnancy? \_\_\_\_\_

Smoking/Alcohol/Drug use during pregnancy? \_\_\_\_\_

Length of pregnancy \_\_\_\_\_ months                      Length of labor \_\_\_\_\_

Unusual problems during delivery \_\_\_\_\_

- Were drugs used?                      yes \_\_\_\_\_ no \_\_\_\_\_
- Were instruments used?              yes \_\_\_\_\_ no \_\_\_\_\_
- Caesarian section?                    yes \_\_\_\_\_ no \_\_\_\_\_
- Was infant blue?                        yes \_\_\_\_\_ no \_\_\_\_\_
- Did infant require oxygen?            yes \_\_\_\_\_ no \_\_\_\_\_
- Was infant jaundiced?                 yes \_\_\_\_\_ no \_\_\_\_\_
- Were there bruises/abnormalities?    yes \_\_\_\_\_ no \_\_\_\_\_

Infant's weight at birth \_\_\_\_\_ lbs. \_\_\_\_\_ oz.

Describe any health problems during the first 2 weeks of infant's life

\_\_\_\_\_

\_\_\_\_\_

2. Developmental Milestones

MOTOR

At what age did the following occur?

- Holds head erect while lying on stomach \_\_\_\_\_
- Sits without support \_\_\_\_\_
- Stands without support \_\_\_\_\_
- Creeps or crawls without assistance \_\_\_\_\_
- Walks without support \_\_\_\_\_
- Takes care of own toilet needs \_\_\_\_\_

(Answer if your child is under the age of five):

	yes	no
Drinks from a cup/glass without assistance	_____	_____
Feeds self with spoon/fork without assistance	_____	_____
Dresses/undresses without assistance	_____	_____
Colors or draws independently	_____	_____
Uses scissors to cut paper	_____	_____
Generally uses _____ right/_____ left hand		

## SPEECH AND LANGUAGE

At what age did the following occur?

Babbling and cooing	_____
First word	_____
Uses 2 word sentences	_____
Uses 3 word sentences	_____

### 1. INFANTS (answer if your child is birth to 18 months of age)

	yes	no
Smiles or vocalizes in response to an adult	_____	_____
Turns head towards source of sound	_____	_____
Plays peek-a-boo/pat-a-cake/so big, etc.	_____	_____
Associates spoken words with objects/actions	_____	_____
Greets familiar adult spontaneously	_____	_____

Approximately how many different words does child say? \_\_\_\_\_  
(Attach list if under 25 words)

### 2. TODDLERS (answer if your child is 18 - 36 months of age)

	yes	no
Separates easily from parent	_____	_____
Expresses emotion	_____	_____
Shows affection toward people/pet/possessions	_____	_____
Enjoys having stories read	_____	_____
Knows his/her name	_____	_____
Knows his/her age	_____	_____
Plays alongside another child	_____	_____
Plays independently	_____	_____
Generally understands what is said	_____	_____
Responds "yes" or "no" appropriately	_____	_____
Pays attention to activity for at least 5 minutes	_____	_____

Approximately how many different words does child say? \_\_\_\_\_  
(Attach list if under 50 words)

### 3. PRESCHOOL (Answer if your child is 3 - 5 years of age)

	yes	no
Cooperates in group activities	_____	_____
Takes turns and shares	_____	_____
Has special friend(s)	_____	_____
Generally follows directions	_____	_____
Follows 3 or more verbal commands	_____	_____
Uses imagination in play	_____	_____
Knows whether he/she is boy/girl	_____	_____
Knows the difference between right and wrong	_____	_____

Occupies self for 10 or more minutes	_____		_____
Looks at/points to/touches pictures in a book	_____		_____
Pays attention to activity for at least 10 minutes	_____		_____
Understands in/on/out/under/in front of/behind	_____		_____
Understands mine, yours, his, hers, theirs	_____		_____
Understands who/what/where/when questions	_____		_____
Understands how and why questions	_____		_____
Points to pictures when named	_____		_____
Recalls events from stories read aloud	_____		_____
Uses sentences of 5 or more words	_____		_____
Asks who, what, where, why and how questions	_____		_____
Identifies circle, square, and triangle	_____		_____
Identifies red, blue, yellow, and green	_____		_____
Identifies big and small shapes	_____		_____

4. SCHOOL-AGE (answer if child is over 5 years of age)

	yes	no	
Knows address/phone number	_____		_____
Participates in meaningful conversation	_____		_____
Identifies left and right	_____		_____
Speech is clear and easily understood	_____		_____
Enjoys school	_____		_____

	yes	no	
Does he/she make any sound incorrectly?	_____		_____
If yes, which ones? _____			

Do you think your child stutters?	_____		_____
If yes, please describe _____			
_____			
_____			

Do you think your child has a voice problem? (e.g. hoarseness, high/low pitch, loudness)	_____		_____
If yes, please describe _____			
_____			
_____			

Do you think your child has a hearing problem?	_____		_____
If yes, please describe _____			
_____			

What are your child's favorite toys/activities? \_\_\_\_\_

\_\_\_\_\_

**MEDICAL HISTORY**

Name and address of doctor \_\_\_\_\_

\_\_\_\_\_

Describe illnesses your child has had \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any operations your child has had \_\_\_\_\_

\_\_\_\_\_

Describe any serious injuries or deformities \_\_\_\_\_

\_\_\_\_\_

What medication is your child taking now and why? \_\_\_\_\_

\_\_\_\_\_

### **EDUCATIONAL HISTORY**

School: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

What subjects are difficult for your child? \_\_\_\_\_

\_\_\_\_\_

How does your child feel about school/teacher? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child received any previous speech-language-hearing therapy? \_\_\_\_\_

If yes, where and by whom? \_\_\_\_\_

\_\_\_\_\_

### **OTHER AREAS THAT IMPACT SPEECH AND LANGUAGE**

1. Events and/or Experiences that were difficult, stressful, traumatic (one-time or long-term)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Language Experiences other than English (first language, if hear or speak a different language)

\_\_\_\_\_

\_\_\_\_\_

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Additional comments/information:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_