# Pediatric Speech/Language Case History Form

Child's Name: Date of Birth (MO/DA/YEAR): □ Male □ Female
Home Address:
Primary Phone #:
Form Completed by: □ Mother □ Father □ Guardian □ Caregiver □ Other:

**Statement of Problem:**
Describe the concerns you have about the child's speech and language skills at this time:

What do you think may have caused the difficulties this child is experiencing?

When was the problem first noticed? Please specify date and person(s):

Has the child's hearing been tested? □Yes □ No
If yes, when?
Was hearing within normal limits?
Have any family members had any speech, language, hearing problems, or learning difficulties? □ No □ Yes
If Yes, who? Please describe:
What languages are spoken in the home?
What is the primary language used with this child?
Was this child adopted? □ No □ Yes
If Yes, at what age? From Where?

**Child's Medical History:**
Name of Child's Physician:
Medical Office:
Describe the mother's health during pregnancy: □ Good □ Fair □ Poor
Were there any unusual conditions or problems during the pregnancy or birth? □ No □ Yes
If yes, please describe:
Were there any drugs or alcohol consumed during the pregnancy? □ No □ Yes
If yes, what and how often?
Was the pregnancy full term? □Yes □No
If no, how early or late?
General condition: Birth weight:
Does your child have any medically diagnosed illness or conditions? □Yes □ No
If yes, please explain:
Is your child taking any medications? □Yes □No
If yes, please list:
Has your child experienced any of the following? □ Frequent Colds □ Seizures □ Snoring □ Mouth Breathing □ Sleeping Problems □ Frequent Ear Infections □ Other:
Has your child had any surgeries, accidents or hospitalizations? □ No □ Yes
If yes, please explain:

Are there or have there ever been any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing, etc.)? □ No □ Yes

If yes, please explain:

Is there anything else we should know about your child's medical history? □ Yes □ No

If yes, please explain:

Has your child had any of the following evaluations or assessments?

Please indicate: □ Hearing □ Speech and Language □ Psychological □ Physical Therapy □ Neurological □ Occupational Therapy □ Developmental □ Vision

What were the results?

Has your child received any of the following services? □ Speech/Language □ OT □ PT □ Nursing

***Please be prepared to share electronic copies of any evaluations, treatment plans, or IEPs you may have.***

**Developmental History:** Please provide the approximate age at which the child acquired the following skills. If age is unknown, check the box that best describes when he/she acquired the skill as compared to his/her peers.

| Activity | Age | Earlier than Peers | Same Time As Peers | Later than Peers |
|---|---|---|---|---|
| **Sit** | | | | |
| **Crawl** | | | | |
| **Roll over** | | | | |
| **Walk** | | | | |
| **Walk up/down stairs** | | | | |
| **Feed self** | | | | |
| **Dress self** | | | | |
| **Use toilet** | | | | |

How would you describe your child's motor development (running, skipping, grasping crayons/pencils) as compared to his/her peers?

**Speech & Language History:** Please provide the approximate age at which the child acquired the following skills. If age is unknown, check the box that best describes when he/she acquired the skill as compared to his/her peers.

| Activity | Age | Earlier than Peers | Same Time As Peers | Later than Peers |
|---|---|---|---|---|
| **Babbling (i.e., "ba, ba")** | | | | |
| **Used first words** | | | | |
| **Put 2-3 words together** | | | | |
| **Make sentences** | | | | |

| | | | | |
|---|---|---|---|---|
| **Put sentences together** | | | | |
| **Engage in conversation** | | | | |
| **Understand directions** | | | | |

How does your child usually communicate (check all that apply)?
□ gestures □ single words □ short phrases □ sentences
In what situations does the child have more difficulty communicating?
□ At Home □ At Daycare/Preschool □ At School □ With Friends □ Everywhere
Has the problem changed since it was first noticed?
Approximately how much of your child's speech do you understand?
□ Less than 25% □ 25%-49% □ 50%- 75% □ 76-100%
Approximately how much of your child's speech do those less familiar with the child understand?
□ Less than 25% □ 25%-49% □ 50%- 75% □ 76-100%

**Behavioral History:** Please respond to the following questions by selecting the appropriate response for your child.

| | **Often** | **Sometimes** | **Never** |
|---|---|---|---|
| **Does your child seem unusually quiet?** | | | |
| **Does your child seem to be restless or fidgety?** | | | |
| **Does your child become upset easily?** | | | |
| **Does your child rock his/her body?** | | | |
| **Does your child bump or push others?** | | | |
| **Does your child harm him/herself?** | | | |
| **Is your child easily distracted?** | | | |
| **Does your child enjoy the company of other children?** | | | |
| **Does your child enjoy reading or having books read to him/her?** | | | |

Describe your child: (Check all that apply)
□ Friendly □ Shy □ Cooperative □ Independent □ Stubborn □ Difficult to handle □ Other

Do you have any concerns about your child's behavior?
If so, please describe:

**Educational History:**
Is your child currently attending school?
If yes, where? What grade level?
How is your child doing in the program?

Does your child receive any special services at school?
If yes, please describe:
How does your child interact with others (e.g., friendly, shy, cooperative, etc.)?

Do you have any concerns about your child's behaviors at school?
If yes, please describe:

**Additional Information:**
What changes would you like to see in your child's development within the next year?

What do you see as your child's strengths?

What does your child enjoy playing with or enjoy doing?

Is there a teacher or caregiver who we may contact to gather further information about your child?
If yes, please identify:

| | | |
|---|---|---|
| Name: | Position: | Phone/Email: |
| Name: | Position: | Phone/Email: |
| Name: | Position: | Phone/Email: |

I authorize Ms. Paula, SLP to contact the above person(s), as needed for the purpose of gathering information for my child's evaluation.

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Parent/Guardian Signature