



Speech-Language-Hearing Case History Form

Child's Name: _____ Date of Birth: _____

Parent's Name (s): _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Home Address: _____

Email: _____

Parent's Occupation: _____

Child's School: _____ Grade: _____

Referred By: _____

Doctor's Name: _____ Doctor's Phone: _____

Child lives with (check one):

Birth Parents Foster Parents

Adoptive Parents One Parent

Parent & Step-parent Other: _____

Family History:

Siblings and ages: _____

Is there a family history of speech, language or learning issues? (If yes, please check)

Speech/Language Difficulties

Hearing Impairment/Deafness

Learning Difficulties

Developmental Difficulties

What are your current concerns?



Other Language Exposure:

Is there a language other than English spoken in the home? Yes No

If yes, which language? _____

Does the child speak this language? Yes No

Does the child understand this language? Yes No

Which language does the child prefer to speak at home? _____

At school? _____

Birth & Medical History:

Was there anything unusual about the pregnancy or birth? Yes No

If yes, please explain:

How many weeks gestation? _____

Was the mother sick during pregnancy? _____

Birth Weight: _____ Apgar Score: _____

Has your child had any of the following (please check)

- Adenoidectomy
- Allergies
- Breathing Difficulties
- Feeding Issues
- Frequent Colds
- Frequent Ear Infections
- Ear (PE) Tubes
- Reflux
- Seizures
- High Fevers
- Head injury
- Sleeping Difficulty
- Thumb/Finger Sucking
- Tonsillectomy
- Tonsillitis
- Vision Problems
- Other

If you checked any, please provide details/dates:



Other serious illness/injury? Yes No

Please list: _____

Date of last hearing screening: _____ Results: _____

Date of last vision screening: _____ Results: _____

Hospitalizations (dates and procedure):

Medications (what medications and for what purpose please list)

Developmental History:

Please indicate approximate age your child reached the following milestones:

Sat Alone _____

Grasped crayon/pencil _____

Babbled _____

Crawled _____

Said first word(s) _____

Put two words together _____

Spoke in short sentences _____

Walked _____

Completed toilet training _____

Oral Motor & Feeding History:

Has your child experienced feeding/eating difficulties (e.g., biting, swallowing, chewing)? Yes

No

If yes, please explain:

Was your child breast-fed or bottle-fed?

Does your child eat by self using utensils? Yes No

Does your child drool? Yes No

Does your child put toys in mouth? Yes No



Does your child have food allergies? Yes No
If yes, please explain:

Does your child have food **preferences/aversions**? Yes No
If yes, please explain:

Speech & Language Development:

How does your child prefer to communicate? (Please check)
gestures _____ words _____ push/pull _____ pointing _____ crying _____

Number of words in a typical sentence? _____

Is your child's speech difficult to understand? _____

Does your child: identify objects? Yes No

Does he/she ask questions? Yes No

Follow directions? Yes No

Understand what you are saying? Yes No

Respond correctly to yes/no questions? Yes No

Respond correctly to "WH" (who, what etc.) questions? Yes No

Has your child ever received a speech/language evaluation? Yes No _____ Date _____

Has your child received speech/language therapy previously? Yes/No _____

If yes, when? For how long?

Is your child aware of, or frustrated by, any speech/language difficulties? Yes No



School History:

Has your child ever repeated a grade? _____ If so, what grade? _____

What are your child's strengths and/or best subjects? _____

Is your child having difficulty with a particular subject? _____

If yes, what subject? _____

Is your child receiving help at school or at home (i.e., support services, tutoring, etc.)?

Yes No: _____ If yes, please explain:

Favorite Activities:

Please list your child's favorite activities, hobbies, toys, games etc.

Please indicate any other information that may be helpful to give us more information about your child:

