

TEXAS  STATE
UNIVERSITY®

The rising STAR of Texas

**DEPARTMENT OF COMMUNICATION DISORDERS
SPEECH-LANGUAGE-HEARING CLINIC**

FOR CLINIC USE: Date Case History Sent _____ Received _____

CHILD CASE HISTORY FORM

A. IDENTIFICATION

Client _____ DOB _____ Age _____ Sex _____

Address _____ City/State _____ Zip _____

Phone _____

Father: Name _____ Address _____

Age ____ Occupation _____ Education _____

Business/Cell Phone _____

Marital Status: Single ____ Married ____ Separated ____ Divorced ____ Widowed ____ Remarried ____

Mother: Name _____ Address _____

Age ____ Occupation _____ Education _____

Business/Cell Phone _____

Marital Status: Single ____ Married ____ Separated ____ Divorced ____ Widowed ____ Remarried ____

Legal Guardian _____ Address _____

Referred by: _____ Address _____

Phone number _____ Relationship to child _____

Person filling out questionnaire _____

Relationship to child _____

Other children in family:

Name _____

Age _____

Grade _____

Physical Disabilities _____

Education Difficulties _____

Please describe the problem that presently concerns you: _____

B. PRENATAL AND BIRTH HISTORY

1. Did mother experience any unusual illness, condition or accident during pregnancy? _____

If so, please describe _____

2. Length of pregnancy _____ Duration of labor _____ Birth weight _____

3. Were there any problems associated with delivery? _____ If so, please describe _____

4. Immediately after birth, did the infant have trouble starting breathing? _____ sucking? _____

swallowing _____ was the infant blue? _____ jaundiced? _____

Did the infant have convulsions? _____ bruises or head injury? _____ What was the Apgar score? _____

C. DEVELOPMENTAL HISTORY

1. Please estimate the age at which the child was able to hold head erect _____ sit alone without support _____ pull to standing _____ walk unaided _____

2. Has there been any atypical motor development? _____ If so, please describe _____

3. Has the child established hand preference? _____ Which hand? _____

D. HEALTH AND MEDICAL HISTORY

1. What is and has been the child's general health condition? _____

2. Has the child had any diseases/infections involving the nervous system (encephalitis, meningitis, etc.)? If so, please describe _____

3. Did the child have recurrent high or prolonged temperatures during any illness? _____

4. Is there history of convulsions (seizures)? _____ what age _____
Is he/she currently receiving medication for this? _____

5. Hospitalization: _____

Age	Reason	Duration	Treatment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Has the child had any serious accidents?

Type	Age	Treatment
_____	_____	_____
_____	_____	_____

7. Were any of the above illness/accidents followed by noticeable changes in the child's general behavior or speech? If so, please explain _____

8. Is the child a mouth breather? _____ Does the child have any known allergies? _____

9. Does the child have any unusual dental problems? _____ If so, please describe _____

E. SPEECH AND LANGUAGE DEVELOPMENT

1. During the first year, other than crying, was the child: A silent baby? _____
a very quiet baby? _____ an ordinarily noisy baby? _____

2. At what ages did the child: Say his/her first word? _____ begin putting two-word utterances together? _____ using sentences of more than two words? _____

3. What is your estimate of the number of words the child has in his/her speaking vocabulary at the present time? Less than 10 _____ 10-20 _____ 20-50 _____ more than 50_____.
4. Does the child have frequent difficulty thinking of words he/she wants to use? _____

5. How would you rate (in percentages) the intelligibility of your child's speech to:
- | | <u>Subject Known</u> | <u>Subject Unknown</u> |
|----------------------|----------------------|------------------------|
| Yourself | _____ | _____ |
| Other family members | _____ | _____ |
| Strangers | _____ | _____ |
6. Is the child frustrated when speech is not understood by others? _____
 How is this frustration shown? _____

7. Does the child resort to nonverbal methods of communicating (pointing, gesturing, ect.)? _____ If so, please describe. _____

8. Which language(s) has the child been exposed to by extended family members? _____

9. Which language(s) has the child been exposed to at school, daycare, by peers, siblings? _____

10. Which language(s) did your child speak first? _____
11. Which language(s) do you think that your child comprehends the most? _____
12. Which language is most used in the home? _____
13. Which language does the primary caretaker use most with the child? _____
14. Can the child follow directions appropriate to his age level? _____
15. Does the child participate in conversation with other family? _____

Please complete the following if your child speaks, or is exposed to more than one language

16. What age was the child when he/she began to learn/speak English? _____
17. Which language do you feel is the child's strongest language currently? _____
18. How often does the child hear others use each language? _____
19. Has the child attended English as a second language (ESL) program? If so, how long? _____
20. What language does the child feel most comfortable with most fluently (in your observation)? _____
21. Describe the child's experiences in English and other languages:

22. Does the child stutter? _____
23. Does the child have any difficulty hearing? _____ If so, please explain _____
24. Does the child have a history of ear infections? _____ When was the last one? _____
25. Does the child have any problems with vision? _____ If so, please explain. _____
26. Can the child maintain appropriate attention on activities such as watching TV, listening to stories, etc.? _____
- If no, please explain. _____

F. SCHOOL HISTORY

1. Has the child attended any nursery school or other form of preschool educational program? _____
- If so, please describe _____
2. Is the child now enrolled in public or private schooling? _____ What grade _____
3. School name and address: _____
- Has the child ever repeated a grade? _____ What grade(s) _____
4. Are there particular content areas in which the child has particular difficulty? _____

5. Has the child ever been placed in any special education program? _____
If yes, please explain. _____

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If no, do you believe such a placement would be beneficial? _____

G. GENERAL BEHAVIOR

1. How does the child get along with other children? _____
Siblings? _____
Other family members? _____

2. Does the child require frequent discipline? _____ Is he/she difficult to discipline? _____
What methods have you found to be most effective? _____

H. OTHER EXAMINATIONS

1. Has the child had a speech and language evaluation prior to this time? _____ If so, please indicate date: _____

2. Is there any additional medical history or information that you would like us to know about? Please list.

