

THE WALDRON COLLEGE OF HEALTH AND HUMAN SERVICES /TGES
Radford University Speech Language and Hearing Clinic
Radford University
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Child Speech and Language Case History Form

General Information:

Date form completed: _____

Are there any other speech, language or hearing problems in the family? If yes, please describe.

Maternal side of family? Yes _____ No _____

Paternal side of family? Yes _____ No _____

Both sides of the family? Yes _____ No _____

Speech, Language, and Hearing History

Does the child have any trouble sucking and/or nursing? Please describe: _____

Does it take an excessive length of time to drink a bottle? _____

Is there any regurgitation of liquids or solids through the nose? _____

Does the child have difficulty chewing meats? _____ le Whi
eating, does the child show signs of choking and/or gagging? Please describe:

At what age did the infant babble and coo? _____

At what age did the child say his/her first words? _____

At what age could the child identify objects by pointing? _____

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At which age did the child begin to use ~~two~~ word phrases? _____

Did speech learning ever seem to stop for a period of time? Please describe: _____

Prenatal and Birth History

ORWKHU TV JHQHUDO KHDOWK ~~Gen, Med, Sur, etc~~ DQF\ LOOQHVV

Length of pregnancy: _____ Length of labor: _____

General condition: _____ Birth weight: _____

Circle type of delivery: head first feet first breech Caesarian

During this pregnancy did the mother have any of the following:

<u>Check if applicable</u>	<u>Month of Pregnancy</u>	<u>Hospitalization Necessary?</u>	<u>Check if applicable</u>	<u>Month of Pregnancy</u>	<u>Hospitalization Necessary?</u>
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Has the child had any surgeries? If yes, what type and when (e.g. tonsillectomy, tube placement, etc)?

Describe any major accidents or hospitalizations:

When? _____

Where? _____

Is the child taking any medications? If yes, identify.

Have there been any negative reactions to medications? If yes, identify.

Does the child have any allergies that have been identified? If yes, please describe.

Did the child have three or more ear infections (earaches, running ears) during the first year of his/her life?

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Has the child ever had tubes placed in his/her ears? _____

When? _____

Has the child had an ear infection within three months prior to this evaluation? _____

Have there been any changes that might have been stressful for your child (past and/or present, e.g. hospitalization, death of someone close, numerous moves, separations, divorce)? _____

Developmental History:

Provide the approximate age at which the child began to do the following activities:

Held head erect: _____	Rolled from back to stomach: _____
Played with hands: _____	Reached for objects: _____
Crawl: _____	Pulled self to sit: _____ Sit: _____
Pulled self to stand: _____	Stand: _____ Walk: _____
Walked alone: _____	Tied shoes: _____ Feed Self: _____
Dress self: _____	

Use toilet (toilet trained): _____

Use single words (e.g., no, mom, doggie, etc.): _____

Combine words (e.g., me go, daddy shoe, etc): _____ Name

simple objects (e.g., dog, car, tree, etc.): _____

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Engage in conversation: _____

Does the child lose balance or fall easily? _____

Does the child have difficulty walking, running, or participating in other activities which require small or large muscle coordination?

Are there or have there ever been any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing, etc.)? If yes, describe.

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only, inconsistently responds to sounds, etc.).

Social and Education History:

Does the child tend to play alone, with other children, or adults?

Ages of playmates: _____ How does the child get along with other children? _____

With adults? _____

Is it difficult to discipline your child? (Explain as fully as possible.) _____

Would you describe the child as happy or unhappy? _____

Is the child unusually quiet? _____ Unusually active? _____

Does your child have difficulty concentrating? _____

Does the child receive special services? If yes, describe.

How does the child interact with others (e.g., shy, aggressive, uncooperative, isolated, etc.)?

If enrolled for special education services, has an Individualized Educational Plan (IEP) been developed? If yes, describe the most important goals?

Provide any additional information that might be helpful in evaluating the child's progress. (I)7 (i)-13 (z)7

