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### CASE HISTORY FORM - CHILD

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Parents \_\_\_\_\_ Caretaker \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Pager \_\_\_\_\_ Other \_\_\_\_\_

E-mail Address \_\_\_\_\_

Pediatrician \_\_\_\_\_ Referral source \_\_\_\_\_

#### **SPEECH/LANGUAGE/LEARNING PROBLEM (please describe)**

My child's speech and language difficulties are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and how did you become aware of the problems?

\_\_\_\_\_  
\_\_\_\_\_

What is your greatest concern at this time? \_\_\_\_\_

Who else has voiced concerns? \_\_\_\_\_ Their comments: \_\_\_\_\_

\_\_\_\_\_

Any further information you require or specific questions you would like to discuss?

\_\_\_\_\_  
\_\_\_\_\_

#### **FAMILY**

	Name	Age	Occupation	Education
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____

Parents are: married \_\_\_ separated \_\_\_ divorced \_\_\_ widowed \_\_\_ remarried \_\_\_

Is child adopted? \_\_\_\_\_ If so, when? \_\_\_\_\_

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**FAMILY (continued)**

Children in the family Name	Age	School status	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Others living in the home Name	Age	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary language at home \_\_\_\_\_ Other languages spoken \_\_\_\_\_  
Primary language of child \_\_\_\_\_ % of second language used by child \_\_\_\_\_

**HEALTH AND MEDICAL**

Give ages at which child had any of the following:

Measles _____	Skull fractures _____
Mumps _____	Limb fractures _____
Chicken Pox _____	Ingestion of poison _____
High fevers _____	Upper respiratory infections _____
Meningitis _____	Ear infections _____
Encephalitis _____	Bronchitis/Pneumonia _____
Concussions _____	Allergies _____
Seizures _____	Others (list) _____
Frequent falls _____	Others (list) _____

Describe and give ages of child's hospitalizations, including emergency room: \_\_\_\_\_  
\_\_\_\_\_

Child's general health is: \_\_\_\_\_

Current medications or treatments: \_\_\_\_\_

Any allergies, dietary restrictions, medication needs we should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does child have:

Visual defects \_\_\_\_\_ Glasses \_\_\_\_\_ Hearing defects \_\_\_\_\_ Hearing aids \_\_\_\_\_  
Oral defects (teeth/tongue/jaw/palate) \_\_\_\_\_ Orthopedic defects \_\_\_\_\_

Has child been seen by specialists? \_\_\_\_\_

List name, specialty, child's age, and results of consultation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other family members have had: ( describe)

Speech/lang. problems _____	Learning problems _____
Hearing impairments _____	Behavior problems _____
Allergies _____	Neurological problems _____
Chronic illnesses _____	Others (please specify) _____

List relevant special services which family members have received from specialists:

\_\_\_\_\_

**EARLY DEVELOPMENT**

Pregnancy and Birth

How many pregnancies has mother had? \_\_\_\_\_ Which pregnancy was this child? \_\_\_\_\_

During the pregnancy with this child was there:

Anemia _____	Rh Incompatibility _____	Smoking _____	Medication (specify) _____
Diabetes _____	German Measles _____	Alcohol/drugs _____	Injuries (specify) _____

Anything unusual during this pregnancy? \_\_\_\_\_

This child's labor/delivery/birth were:

Full term _____	Premature _____	# of weeks _____	Birth weight _____
Normal _____	Caesarian _____	Breech _____	Apgar score _____

Complications? \_\_\_\_\_

Cyanosis _____	Jaundice _____	Incubator _____	How long? _____
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Problems with:	Nursing _____	Sucking _____	Swallowing _____	Drooling _____
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Any problems during the first month? \_\_\_\_\_

Developmental Milestones

List the ages at which the following skills emerged:

Sat \_\_\_\_\_ Crawled \_\_\_\_\_ Stood alone \_\_\_\_\_ Walked alone \_\_\_\_\_

Bladder control \_\_\_\_\_ Bowel control \_\_\_\_\_ Night trained \_\_\_\_\_

Dressed w/supervision \_\_\_\_\_ Fed self w/supervision \_\_\_\_\_

Anything in his/her development that concerned you the first 18 months? \_\_\_\_\_

\_\_\_\_\_

**SPEECH AND LANGUAGE**

Did child make sounds in first 6 months? \_\_\_\_\_ Imitate & repeat sounds by 9-12 months? \_\_\_\_\_

First word was " \_\_\_\_\_ " at age \_\_\_\_\_ 2-3 word phrases were used at age \_\_\_\_\_

Average # of words in utterances now: \_\_\_\_\_ Examples: \_\_\_\_\_

Did speech/lang. slow down or stop? \_\_\_\_\_ Describe: \_\_\_\_\_

His/her speech is \_\_\_\_\_ % understandable to parents and \_\_\_\_\_ % understandable to others.

**SPEECH AND LANGUAGE (continued)**

Which is true of the child's language development (check 1 in each area)

<u>Understanding</u>	<u>Expression</u>	<u>Speech</u>
<input type="checkbox"/> Understands tone of voice and gestures	<input type="checkbox"/> Communicates with tone of voice and gestures	<input type="checkbox"/> Not understandable; not intelligible
<input type="checkbox"/> Responds to simple 1-step verbal commands	<input type="checkbox"/> Uses 1-20 recognizable consistent single words	<input type="checkbox"/> Understandable to family only
<input type="checkbox"/> Responds to wh questions and series of directions	<input type="checkbox"/> Uses 50+ single words and short sentences	<input type="checkbox"/> Understandable to most other listeners
<input type="checkbox"/> Understands stories and conversational speech	<input type="checkbox"/> Converses at complex sentence level	<input type="checkbox"/> Speech is completely intelligible

Does child know there is a problem? \_\_\_\_\_ How does child react? \_\_\_\_\_  
 Does child try to self-correct? \_\_\_\_\_ How? \_\_\_\_\_  
 Has the family tried to help child? \_\_\_\_\_ How? \_\_\_\_\_

**EARLY BEHAVIOR AND SOCIAL SKILLS**

Check those behaviors which describe your child.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Mostly random actions            | <input type="checkbox"/> Does not yet imitate          | <input type="checkbox"/> Very high activity level   |
| <input type="checkbox"/> Brief att'n to structured tasks  | <input type="checkbox"/> Imitates motor & play tasks   | <input type="checkbox"/> Impulsive behavior         |
| <input type="checkbox"/> Maintains att'n for activities   | <input type="checkbox"/> Imitates sounds & words       | <input type="checkbox"/> Inflexible, rigid behavior |
| <input type="checkbox"/> Inconsistent response to rewards | <input type="checkbox"/> Unaware/avoids/ignores others | <input type="checkbox"/> Plays mostly alone         |
| <input type="checkbox"/> Responds to food reinforcement   | <input type="checkbox"/> Interacts w/familiar people   | <input type="checkbox"/> Parallel play w/others     |
| <input type="checkbox"/> Responds to prizes/social praise | <input type="checkbox"/> Interacts well-adults & peers | <input type="checkbox"/> Interactive play w/others  |

Age of most frequent playmates \_\_\_\_\_ Child's personality is: \_\_\_\_\_  
 Favorite: toy \_\_\_\_\_ game \_\_\_\_\_ activity \_\_\_\_\_ TV show \_\_\_\_\_ food \_\_\_\_\_  
 Does child demonstrate behavior or social problems? \_\_\_\_\_ Please describe: \_\_\_\_\_

**EDUCATION**

List the child's school history. Include nursery and preschool.

<u>School</u>	<u>Grades or Ages</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current grade: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Any grades repeated? \_\_\_\_\_ Which? \_\_\_\_\_ Why? \_\_\_\_\_  
 Strongest school subjects \_\_\_\_\_ Weakest school subjects \_\_\_\_\_

Describe any special problems in school \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Special school services child has received \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**READING, SPELLING AND WRITTEN LANGUAGE**

Describe any special difficulties your child has with reading, spelling, and written language \_\_\_\_\_  
\_\_\_\_\_

Describe any past programs or tutoring your child has received for reading, spelling, or writing \_\_\_\_\_  
\_\_\_\_\_

Describe when the difficulties were first noticed and by whom \_\_\_\_\_  
\_\_\_\_\_

Does your child?

- make reading errors that suggest a failure to connect sounds? \_\_\_\_\_
- complain about reading? \_\_\_\_\_
- have difficulty recognizing and manipulating phonemes? \_\_\_\_\_
- mispronounce long or complicated multisyllable words? \_\_\_\_\_
- skip parts of words and guess at multisyllable words? \_\_\_\_\_
- have trouble reading small function words, such as *for* and *that*? \_\_\_\_\_
- have trouble memorizing names, dates, and numbers? \_\_\_\_\_

Which is true of your child's writing?

- poor selection of words \_\_\_\_\_
- poor grammar and/or noun-verb agreement \_\_\_\_\_
- difficulties with punctuation and capitalization \_\_\_\_\_
- inability to write logical, coherent, and sequenced sentences and paragraphs \_\_\_\_\_
- writing is lacking in theme and conceptual aspects of writing are vague or poorly defined \_\_\_\_\_

**STUDY SKILLS (FOURTH GRADE THROUGH HIGH SCHOOL)**

Does your child?

- spend too many hours struggling over homework? \_\_\_\_\_
- have difficulty keeping up with reading assignments? \_\_\_\_\_
- have poor test taking skills? \_\_\_\_\_
- not know how to organize his/her thoughts for writing papers? \_\_\_\_\_
- not remember what she/he just read or not get the big picture? \_\_\_\_\_
- need better organizational skills? \_\_\_\_\_
- need strategies for note taking? \_\_\_\_\_
- need memorization strategies? \_\_\_\_\_

**SIGNATURES**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

