

CLEVELAND STATE UNIVERSITY ~ SPEECH & HEARING CLINIC
Speech/Language: Preschool Case History

Background Information

Name: _____ DOB: _____ Age: _____

Address: _____

Circle Preferred Contact: [H] _____ [W] _____

[Cell] _____ [Pager] _____

Mother's name: _____ Occupation: _____

Father's name: _____ Occupation: _____

Pediatrician: _____ Phone: _____

Person completing this form: _____ Referred by: _____

Statement of the Problem

Describe your concerns with your child's speech or language problems. _____

When was the problem first noticed? _____

Has the problem changed since you first noticed it? _____

Are you also concerned about your child's hearing? _____ If yes, explain: _____

Social and Environmental Factors

Is there a family history of a speech, language, hearing or learning disorder? _____ If yes, explain: _____

With whom does your child live? _____

Indicate siblings or any other individuals living with your child:

Names	Ages	Relationship

Who does your child stay with during the day? _____

Who is the caretaker when the parent is not available? _____

Describe any unique family circumstances that have a significant impact on this child's development:

Pregnancy and Birth History

Length of pregnancy _____ Birthweight _____

Describe complications, illnesses or accidents during pregnancy or delivery (cesarean / breech birth, etc.):

Did your child come home from the hospital with you? _____ If not, please explain: _____

Did your child have feeding problems or colic? _____ If so, describe: _____

Was this child adopted? _____ Is the child in foster care? _____

Medical History

Was your child ever hospitalized? _____ If so, describe _____

Check ☒ if your child has ever had the following and if so, describe.

☐ Seizures – describe _____

☐ High fevers – describe _____

☐ Allergies (food or environmental) – describe _____

☐ Middle ear infections – How many? _____ Last ear infection _____

Method of treatment _____

☐ Major injury – describe _____

☐ Acid Reflux – describe _____

List present medications and reason for the medication: _____

What other medical professionals has your child seen and for what reason? _____

Developmental History

Check ☒ how your child typically communicates:

- | | | |
|--|--|---|
| <input type="checkbox"/> Sounds/noises | <input type="checkbox"/> 1 or 2 word phrases | <input type="checkbox"/> complete sentences |
| <input type="checkbox"/> Gestures | <input type="checkbox"/> phrases | <input type="checkbox"/> does not communicate |

Did your child coo and babble during the first six months? _____

At what age did your child speak his/her first words? _____

When did your child begin to use two-word phrases? _____

Does your child produce sounds correctly? _____ If no, explain: _____

Did your child every acquire speech and then slow down or stop talking? _____ If yes, describe: _____

At what age did your child:

- | | |
|----------------------|------------------------------|
| Sit unsupported_____ | Toilet trained/day_____ |
| Crawl_____ | Toilet trained/night_____ |
| Walk unaided_____ | Sleep through the night_____ |
| Dress self_____ | Feed self_____ |

Does your child use a pacifier? _____ If yes, under what circumstances: _____

Play and Behavior

Check ☒ which of these traits are characteristic:

- | | | |
|---|---|--|
| <input type="checkbox"/> well-behaved | <input type="checkbox"/> irritable | <input type="checkbox"/> easy to manage |
| <input type="checkbox"/> overactive | <input type="checkbox"/> happy | <input type="checkbox"/> impulsive |
| <input type="checkbox"/> cries/whines often | <input type="checkbox"/> distractible | <input type="checkbox"/> destructive |
| <input type="checkbox"/> under-active | <input type="checkbox"/> slow to respond | <input type="checkbox"/> sucks thumb |
| <input type="checkbox"/> difficult to manage | <input type="checkbox"/> easily excitable | <input type="checkbox"/> good eater |
| <input type="checkbox"/> shy | <input type="checkbox"/> stubborn | <input type="checkbox"/> drools |
| <input type="checkbox"/> sensitive | <input type="checkbox"/> has a poor memory | <input type="checkbox"/> fights with others |
| <input type="checkbox"/> runs away when called | <input type="checkbox"/> good problem-solver | <input type="checkbox"/> talkative |
| <input type="checkbox"/> attentive | <input type="checkbox"/> bangs head | <input type="checkbox"/> repeats an activity over & over |
| <input type="checkbox"/> poor eater | <input type="checkbox"/> has temper tantrums | <input type="checkbox"/> has difficulty concentrating |
| <input type="checkbox"/> gets along with other children | <input type="checkbox"/> wets bed | (except TV) |
| <input type="checkbox"/> easily discouraged | <input type="checkbox"/> gets along with adults | <input type="checkbox"/> prefers to play alone |

How do you discipline your child? _____

Education and Intervention History

Check ☒ if your child has ever participated in the following activities. If yes, please list the dates of therapy, contact person, address and phone number below.

- | | | |
|---|---|--|
| <input type="checkbox"/> Speech therapy | <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Early Intervention Services |
| <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Social Services | <input type="checkbox"/> Child care, preschool or Head Start |

Additional Information

If there is any additional information you would like to provide concerning your child, please explain below: _____

B. What is the child currently doing?

Please check **ONE** box in each section that most closely describes what the child is doing now.

Method Used: (✓) Check ☐ Observation ☐ Structured Interview

Name and Title of Person Completing Form: _____

Eating

- ☐ Needs to be fed
- ☐ Picks up food and eats with fingers
- ☐ Feeds self with spoon
- ☐ Eats and drinks independently

Dressing

- ☐ Needs to be dressed
- ☐ Removes small articles of clothing
- ☐ Puts on some clothes such as socks, shirt, and/or pants
- ☐ Dresses self except shoes

Toileting

- ☐ Wears diapers
- ☐ Uses potty with help or with reminders
- ☐ Independent

Attention

- ☐ Needs constant attention/supervision
- ☐ Occupies self with toys for 10 or more minutes
- ☐ Attends to small-group activity for 10 or more minutes

Receptive Communication

- ☐ Does not appear to understand words
- ☐ Shows understanding of several words (e.g., "mommy" or "pop")
- ☐ Can follow simple directions such as "Give Daddy the ball"

Expressive Communication

- ☐ Uses gestures and/or sounds
- ☐ Says at least 10 words you can understand
- ☐ Says two or three words together
- ☐ Can carry on a simple conversation
- ☐ Repeats easy rhymes/jingles
- ☐ Can be understood by people not familiar with his/her speech

Hearing

- ☐ Does not respond regularly to sounds
- ☐ Looks at or reacts correctly to sources of sounds (looks at phone when it rings, looks out the window when a truck passes, turns when name is called)
- ☐ Responds to simple directions given when back is turned

Cognitive

- ☐ Looks for toy or person who is out of sight
- ☐ Shows understanding of how things work by turning things on/off, activating a variety of toys or directing adults to do so
- ☐ Sorts toys or objects by at least one feature (e.g., color, size, shape)
- ☐ Counts to four and names two or three colors

Fine Motor

- ☐ Needs help to pick up small pieces of food or small toys
- ☐ Independently picks up small toys and transfers from hand to hand
- ☐ Scribbles on paper
- ☐ Draws some recognizable shapes/pictures

Play

- ☐ Needs stimulation to be provided by another person
- ☐ Holds and manipulates toys (e.g., shakes, chews, bangs)
- ☐ Uses some toys and objects appropriately (e.g., pushes truck, rocks baby, uses brush to brush hair)
- ☐ Uses imagination to play (e.g., pretends to cook dinner, pretends to be Mommy going to work, dresses like Daddy)

Gross Motor

- ☐ Needs to be carried or moved by another person
- ☐ Crawls
- ☐ Walks holding onto furniture
- ☐ Walks independently
- ☐ Demonstrates balance and coordination (e.g., jump/hop)

Vision

- ☐ Does not show recognition of people or objects by sight
- ☐ Recognizes familiar people and toys, locates familiar objects in the house (e.g., shoes, tooth brush, TV)
- ☐ Points to and names things and people in pictures

Social

- ☐ Shows little response to other people
- ☐ Enjoys frolic play, peek-a-boo, pat-a-cake
- ☐ Plays along side other children (parallel play)
- ☐ Sometimes shares toys and cooperates in play
- ☐ Takes turns in simple games (e.g., Duck, Duck Goose, The Farmer in the Dell)