CLEVELAND STATE UNIVERSITY ~ SPEECH & HEARING CLINIC

Speech/Language: School Age 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. _____

_____

When was the problem first noticed?_____

_____

Has the problem changed since you first noticed it?_____

_____

How does the communication problem interfere with your child's typical daily routines? _____

_____

_____

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?_____

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

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:

_____

Indicate siblings or any other individuals living with your child:

Names	Ages	Relationship

Medical History

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_____

Was your child ever hospitalized? _____ If yes, describe: _____

_____

List present medications and reason for the medication:_____

_____

_____

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

_____

_____

Developmental and Communication History

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 ever acquire speech and then slow down or stop talking? _____ If yes, describe:

_____

Does your child have difficulty walking, running or participating in gym activities? _____ If yes explain:

_____

Does your child hesitate, "get stuck" on words, hold his/her breath, repeat or stutter on sounds or words?

_____ If yes, describe: _____

_____

Check ☑ if any of the following describes your child's voice quality:

☐ normal ☐ nasal ☐ high pitch ☐ monotone ☐ hoarse ☐ low pitch

Do you consider your child to understand directions and situations as well as other children the same age?

_____ If not, describe: _____

_____

Does your child hear adequately? _____ Does his/her hearing appear to fluctuate? _____

Has your child's hearing ever been tested? _____ If yes, explain when, by whom and the results:

_____

_____

Are there other languages spoken in the home? _____

Behavior History

Check ☑ which of these traits are characteristic:

☐ well-behaved	☐ easily discouraged	☐ easy to manage
☐ overactive	☐ happy	☐ impulsive
☐ cries/whines often	☐ distractible	☐ destructive/aggressive
☐ under-active	☐ slow to respond	☐ sucks thumb
☐ difficult to manage	☐ easily excitable	☐ fights with others
☐ shy	☐ stubborn	☐ talkative
☐ sensitive	☐ has a poor memory	☐ good problem-solver
☐ runs away when called	☐ gets along with adults	☐ attentive
☐ prefers to play alone	☐ bangs head	☐ repeats an activity over & over
☐ picky eater	☐ has temper tantrums	☐ has difficulty completing
☐ gets along with other children	☐ wets bed	homework
☐ has many friends	☐ has few friends	

How do you discipline your child?_____

How many hours of TV does your child watch daily? _____ What are his/her favorite shows?

_____

Does your child have emotional, adjustment or behavior problems? _____ If yes, explain: _____

_____

_____

Education and Intervention History

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

☐ Speech therapy ☐ Physical therapy ☐ Early Intervention Services

☐ Occupational therapy ☐ Social Services ☐ Child care, preschool or Head Start

☐ An MFE (Multi-Factored Evaluation) at school

_____

_____

_____

Does your child have a current IEP (Individualized Education Program)? _____

What school does your child attend? _____

How does your child feel about school and his/her teachers? _____

_____

Check ☑ if your child has problems with any of the following at school.

☐ listening ☐ reading ☐ behavior ☐ attending to an activity

☐ playing ☐ spelling ☐ making friends

☐ writing ☐ math ☐ expressive language

Additional Information

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

_____

_____

_____

SAN/DL: 7/02