



## Child Case History Form

*The following information is for professional use and will be handled confidentially. This information will assist the speech language pathologist in completing your child's evaluation.*

*Please complete the following questions as fully and accurately as possible. If you are unable to complete a question, please leave it blank or you may call our office for assistance at (210) 259-7366.*

### General Information

Name of person completing this form \_\_\_\_\_

Relationship to this child \_\_\_\_\_ Date completed \_\_\_\_\_

Child's Name \_\_\_\_\_  
Last First Middle

Nickname (s) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Zip Code \_\_\_\_\_

### Sibling Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Primary Language \_\_\_\_\_ Language spoken in the home \_\_\_\_\_

What language does the child speak? \_\_\_\_\_

**Please indicate your primary concern about your child's speech and language skills:** \_\_\_\_\_

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



If your child has had other significant medical treatment your, please explain \_\_\_\_\_

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### **Developmental History**

#### Prenatal and Birth History

Length of pregnancy \_\_\_\_\_ Delivery Complications Yes \_\_\_\_ No \_\_\_\_ Birth weight \_\_\_\_\_

(Please explain if any complications occurred) \_\_\_\_\_

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Did the infant have any difficulty with breathing, crying, sucking, jaundice, convulsions, blood incompatibility, etc. (Please explain) \_\_\_\_\_

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#### **A. Motor Milestones**

*Please indicate the age or approximate age at which the following occurred:*

Crawled \_\_\_\_\_ Sat alone \_\_\_\_\_ Walked unaided \_\_\_\_\_ Fed self \_\_\_\_\_ Dressed self \_\_\_\_\_  
Toilet trained \_\_\_\_\_ Cooing \_\_\_\_\_ Babbling \_\_\_\_\_ First words \_\_\_\_\_

Vocabulary of approximately 50 words: Understood \_\_\_\_\_ Expressed \_\_\_\_\_

Two-word combinations \_\_\_\_\_ (examples: *more milk, me do, no go*)

Short Sentences \_\_\_\_\_ (examples: *Me want juice., Mommy do it.*)

#### **B. Receptive and Expressive Language Skills**

*Please answer "yes" or "no" or "sometimes" to the following questions:*

1. Does your child respond to his/her name? Yes \_\_\_\_ No \_\_\_\_ Sometimes \_\_\_\_
2. Will your child get common objects when asked? Yes \_\_\_\_ No \_\_\_\_ Sometimes \_\_\_\_
3. Does your child follow simple directions? Yes \_\_\_\_ No \_\_\_\_ Sometimes \_\_\_\_
4. Will your child point to pictures as you name them? Yes \_\_\_\_ No \_\_\_\_ Sometimes \_\_\_\_
5. Does your child label pictures? Yes \_\_\_\_ No \_\_\_\_ Sometimes \_\_\_\_
6. Does your child ask questions? Yes \_\_\_\_ No \_\_\_\_ Sometimes \_\_\_\_ (Please give Examples) \_\_\_\_\_

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7. Does your child repeat or “echo” others’ expressions? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_
8. Does your child repeat questions or parts of questions rather than answering them?  
Yes \_\_\_ No \_\_\_ Sometimes \_\_\_
9. Does your child **excessively** recite/repeat words from video tapes/DVDs, songs, or television programs? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_
10. Has your child said a word a few times, then never used it again? Yes \_\_\_ No \_\_\_  
Sometimes \_\_\_ If “yes”, when? \_\_\_\_\_ What words? \_\_\_\_\_
11. Did language development seem to just stop? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_ If  
“yes”, when? \_\_\_\_\_

How does your child indicate his/her needs/wants to you? \_\_\_\_\_

How does your child indicate he/she does **not** want something or does not want to do something?

What types of words/sentences does your child express independently? \_\_\_\_\_

### Behavioral Information

#### A. Infancy

Was a silent infant? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

Was an inconsolable infant? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

Very happy infant (rarely cried, did not desire interaction/affection)? Yes \_\_\_ No \_\_\_

Sometimes \_\_\_

Other comments \_\_\_\_\_

#### B. Play

Prefers to play alone? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

Plays poorly with other children or does not interact with others? Yes \_\_\_ No \_\_\_

Sometimes \_\_\_

Frequently lines items in a row? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

Protests if line is interrupted? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

Holds (clutches) items for extended periods of time? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

Frequently counts (objects, items, actions etc) Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

Has unusual interest (strips of paper, electrical cords etc.)? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

Spins objects? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

Other comments \_\_\_\_\_

#### C. Conduct

Is difficult to manage? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

Has a behavior problem? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

Displays temper tantrums? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
Consistently has a catastrophic reaction when told "no"? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
Discipline is ineffective? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
Is overly active? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
Has a short attention span? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
Is aggressive towards self? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
Is aggressive towards others? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
Is destructive with objects? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
Other comments \_\_\_\_\_

**A. General**

Is withdrawn? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
Rocks back and forth? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
Acts as if deaf? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
Covers ears with hands? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
Has limited eye contact? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
Has difficulty with change/transitions? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
Other comments \_\_\_\_\_

**B. Fears**

Climbs without fear? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
Has unusual fears (specific animals, places, noises, etc.)? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
Exhibits age appropriate fears (separation, being lost, darkness, etc)? Yes \_\_\_ No \_\_\_  
Sometimes \_\_\_  
Other Comments \_\_\_\_\_

**Educational History**

*Please indicate any of the following that apply:*

Early intervention program (s) \_\_\_\_\_  
Daycare/Preschool: \_\_\_\_\_  
Schools attended: \_\_\_\_\_  
Special Programs: \_\_\_\_\_  
Other: \_\_\_\_\_