

**University of North Texas Speech and Hearing Center  
Child Speech-Language Case History**

Date \_\_\_\_\_

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's occupation \_\_\_\_\_ Mother's occupation \_\_\_\_\_

Father's employer \_\_\_\_\_ Mother's employer \_\_\_\_\_

Business telephone (\_\_\_\_) \_\_\_\_\_ Business telephone \_\_\_\_\_

Father's age \_\_\_\_\_ Education \_\_\_\_\_ Mother's age \_\_\_\_\_ Education \_\_\_\_\_

**Referred by:** \_\_\_\_\_

(name)

(relationship)

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

Please describe your concerns regarding your child's communication.

---

---

---

Has your child ever been evaluated or treated for a speech/language problem?    Y / N

If so, when? \_\_\_\_\_ Where? \_\_\_\_\_

Please describe results of the evaluation/treatment \_\_\_\_\_

---

---

---

Please list any specific questions you would like answered about your child's communication.

---

---

---

**Medical History – Please tell us about your child’s health history**

Please check any of the following that apply to your child:

- Complications during pregnancy/delivery
- Extended hospitalization at birth
- Feeding problems/difficulty gaining weight
- Serious illness/hospitalization
- Ear infections/PE tubes
- Seizures
- Respiratory problems
- Allergies
- Asthma
- Physical disability
- History of brain injury
- Other illnesses requiring medical treatment for 3 months or longer

(Describe \_\_\_\_\_)

Please describe your child’s current health \_\_\_\_\_good \_\_\_\_\_fair\_\_\_\_\_poor.

Has your child ever been tested for or diagnosed with any of the following:

- ADD, ADHD
- Auditory Processing Disorder (APD)
- Syndrome (Down’s)
- Cranial Facial Abnormalities
- Autism
- Specific Language Impairment
- Mental Retardation

Has your child had a hearing evaluation? \_\_\_\_\_yes \_\_\_\_\_no\_\_\_\_\_When?

Results: \_\_\_\_\_

Does your child have hearing problems? \_\_\_\_\_yes \_\_\_\_\_no \_\_\_\_\_unsure

Does your child have vision problems? \_\_\_\_\_yes \_\_\_\_\_no \_\_\_\_\_unsure

Is your child on and medications? \_\_\_\_\_yes \_\_\_\_\_no

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason Prescribed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Growth and Development – Please tell us about your child’s development**

Please tell us at what approximate age your child did the following (if your child currently does not have this skill, please respond *does not do*)

Sit alone \_\_\_\_\_

Crawl \_\_\_\_\_

Walk alone \_\_\_\_\_

Gain bladder control \_\_\_\_\_

Gain bowel control \_\_\_\_\_  
Follow a simple command (“Wave bye bye”) \_\_\_\_\_  
Say first words \_\_\_\_\_  
Combine 2 or more words \_\_\_\_\_  
Drink independently from a cup \_\_\_\_\_

Please check any of the following that you feel describe your child:

- \_\_\_\_\_ Does not use words/sentences as well as other children his/her age
- \_\_\_\_\_ Can not be understood as well as other children his/her age
- \_\_\_\_\_ Does not appear to listen and understand as well as other children his/her age
- \_\_\_\_\_ Does not appear interested in communicating with others
- \_\_\_\_\_ Does not communicate as well as he/she did at an earlier time
- \_\_\_\_\_ Appears frustrated by communication problems
- \_\_\_\_\_ Does not initiate communication with parents or familiar people
- \_\_\_\_\_ Has difficulty controlling his/her temper
- \_\_\_\_\_ Has difficulty controlling his/her behavior

**Family/Social History – Please tell us about your child’s family/social environment**

Please list family members that the child lives with:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other important family members who do not live in the household:

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

Does anyone in the immediate family (siblings, parents) have speech, language or hearing problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

What language(s) is/are spoken in the home? \_\_\_\_\_

Does child attend a preschool or childcare program? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_ How Long?

Has child ever received Early Childhood Intervention (ECI) services? \_\_\_\_\_ Yes \_\_\_ No  
Please describe child's social/play opportunities

Please describe things your child enjoys doing or playing with:

---

---

---

Other Information – Please provide any additional information you feel is relevant

---

---

---

**Educational History – Please complete if your child is school-age**

Education placement \_\_\_\_\_ Public school \_\_\_\_\_ Private school \_\_\_\_\_ Home school

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

How would you describe your child's school achievement? \_\_\_\_\_ Excellent \_\_\_\_\_ Good

\_\_\_\_\_ Requires lots of effort \_\_\_\_\_ Has trouble even with help

Do you have any concerns about your child's success in school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you think your child's communication may limit success at school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child been evaluated or received speech therapy at school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child ever been tested for special education? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child receive any special education services? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe your child's grades \_\_\_\_\_

What subjects/classes are easiest for your child? \_\_\_\_\_

What subjects/classes are most difficult for your child? \_\_\_\_\_

Please check any of the following that you believe apply to your child:

\_\_\_\_\_ Difficulty learning to read

\_\_\_\_\_ Difficulty learning to write

\_\_\_\_\_ Difficulty following instructions/routines in class

\_\_\_\_\_ Attention problems in school

\_\_\_\_\_ Behavior problems in school

\_\_\_\_\_ Difficulty passing standardized tests (TEKS, etc)

\_\_\_\_\_ Requires longer time to complete assignments than other children

\_\_\_\_\_ Seems to struggle with work more than other children

\_\_\_\_\_ Dislikes School

Please describe any concerns you have regarding your child's educational achievement:

---

---

---

---