



### Speech-Language Case History Form

Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Why was your child referred for an evaluation at this time?

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

Other children in the family:

Name	Age	Grade	Speech problems
------	-----	-------	-----------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How much of your child's speech do you understand?

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

How does your child communicate with you? (body language, sounds, words, phrases, sentences)

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



Does your child understand commands?

---

Does your child correctly answer yes/questions? Does your child correctly answer wh-questions (who, what, where, when, why questions)?

---

---

What is the primary language spoken in the home? Is there a language other than English spoken in the home?

---

---

Has your child previously received speech-language therapy? If yes, when and where? What was he/she working on?

---

---

Has your child previously been evaluated or treated by any other health care professionals (occupational therapist, physical therapist)?

---

---

Name of school: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Has your child repeated a grade: \_\_\_\_\_

What are your child's strengths in school? \_\_\_\_\_

Does your child have an IEP? If yes, please attach a copy of the IEP. \_\_\_\_\_

What was the length of the pregnancy? What was your child's birth weight? Were there any complications at birth? If yes, please explain.

---

---

---

Describe any accidents, illnesses, surgeries since birth?

---

---

---

Does your child have a history of ear infections? If so, when and how many?

---

---

---



Is your child on any medications? If so, what medications?

---

---

---

Please tell the approximate age your child achieved the following developmental milestones.

_____	Babbled	_____	Sat Independently
_____	Said First Word	_____	Walked
_____	Put Words Together	_____	Ran
_____	Spoke in sentences	_____	Toilet Trained

Is there any additional information you feel would help us evaluate your child?

---

---

---