UNIVERSITY OF CENTRAL ARKANSAS
Speech-Language-Hearing Center
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CHILD CASE HISTORY

General Information

Instructions: It is important that you fill out this form as completely as possible. If you need more space, please use the back of the form.

Date: ____

Person completing this form: ____

Relationship to child: ____

Referred by: ____

Name of the Child: _______________________Preferred name:_____________________

Birthdate: ____

Gender: ____

Address: ____

Home Phone: ____

Work Phone: ___________________Cell:____________________email:_______________

Mother's Name: ____

Father's Name: ____

Individuals living in the home: ____

Child's Guardian/Primary Caregiver, if not parent: ________________________________

Father's Occupation: ____

Mother's Occupation: ____

Names and ages of brothers and sisters of the child:
Name:______________________________ Age: _____________
Name:______________________________ Age: _____________
Name:______________________________ Age: _____________
Name:______________________________ Age: _____________
Name:______________________________ Age: _____________

Name and address of child's doctor: ____

Presenting Complaints

1. In your own words, describe what concerns you about your child.
   ____
   ____
   ____
   ____
   (If more space is needed please use reverse)

2. When was this problem first noticed? _______________________________________
   ____
3. How was this problem first noticed? ____
   ____
4. What do you believe has caused the problem? ______________________________
   ____
5. What has been done about the problem? (If the child has had previous speech, language, or hearing examinations or therapy, please tell where, when, and by whom, and what recommendations or treatment was given). __________________
   ____
   ____
6. What changes, if any, have you noticed in the child's hearing or general condition recently? ____
7. Is the child aware of this problem? If yes, how do you know? _________________
   ____

Physical-Medical History

1. Was this child your first pregnancy? If not, what number is he/she? ___________
2. What did you notice to be irregular about your pregnancy (i.e. German measles, bleeding, rashes, chicken pox, injuries, illnesses, Rh compatibility, false labor, anemia, etc.? ____
   ____
3. What medication, if any, were used during this pregnancy? __________________
   ____
4. What was the length of this pregnancy and the duration of labor? ______________
   ____

5. Type of delivery: __Normal __Breech __Caesarean
6. Anesthetics used during delivery: ____
7. Color of baby at birth:

__Normal Red	__Abnormal Red	__Yellow
__Blue	__Purple	__Other

8. Were there any bruises, marks, discolorations, or abnormalities at or following birth? ____
9. Birth Weight: ____
10. Did this child require any special attention while in the hospital? _____________
____
11. How old was the child when he/she left the hospital? If longer than 3 days explain.____
____
12. Name and address of hospital where this child was born: ____________________
____
13. Were there any feeding difficulties following birth: (sucking, chewing, swallowing)?____
____

14. History of illnesses: Please indicate the age at which the illness occurred.

- q Measles
- q Visual Difficulties
- q Whooping Cough
- q Scarlet Fever
- q High Fever
- q Influenza
- q Convulsions
- q Frequent Colds
- q Mumps
- q Allergies
- q Epilepsy
- q Tonsillitis
- q Sinusitis
- q Head Injuries

15. Has this child ever been examined by a neurologist? If so, what were the findings?____
____
16. Has this child ever been hospitalized since birth? If so, when and for what reason?____
____
17. At approximately what age did this child sit and walk alone? ________________
18. Is this child toilet trained?_____________ At what age? __________________

19. Is this child able to pick up a small object, such as a wooden block or bead, and hold it in his/her hand? ____
20. Do you feel that this child's physical coordination is appropriate for his/her age? If not please explain. ____
____

Speech and Language Development

1. Do you remember this child lying in his crib and making play type sounds, such as cooing and/or babbling? ____
2. Do you remember this child attempting to copy or mimic words of others? _____
____
3. Does anyone in the family have a hearing problem? If so, what relation are they to this child? ____
4. At what age was this child when he/she said his/her first meaningful word? _____
5. What was it?____
6. Used phrases? ____
7. Used sentences? ____
8. Are there some words that this child appears to understand but cannot say, such as bye-bye, baby, no, cookie, bath, etc.? ____________________________________
____
9. How does he/she show that he/she understands them? _______________________
____

10. Check any and all statements which most accurately describe this child's present speech and language behavior:

__Follow directions well
__Seems to understand what is said to him/her
__Appears to have difficulty hearing
__Needs to look at the person speaking in order to understand
__Seems to be unaware of sounds in the environment
__Rarely attempts speech
__Depends primarily on signs and gestures instead of speech
__Attempts speech but is difficult to understand
__Uses speech sounds incorrectly
__Leaves out words or confuses word order
__Stammers or stutters
__Talks to fast or too slow (circle one)
__Uses an abnormal voice quality
__Uses abnormal pitch level
__Uses complete sentences
__Uses only phrases
__Uses no speech
__Comments:

Auditory Behavior

1. To what sounds do you notice this child respond? (i.e. doorbell, footsteps, phone, dial tone, hand clap, soft sounds, loud sounds, vibrations, any speech sounds, etc.)____

   ____
2. Does he/she consistently respond to his/her own name when called or other speech sounds when not facing the speakers? ______________________________
3. How do you communicate with each other? ________________________________

   ____
4. Who best understands this child at home? _________________________________
5. Does this child seem to watch your face for communicative clues? ____________

   ____

Social-Emotional Development

1. Below is a list of words which describe children's personality and behavior. Please check those which you feel tend to describe your child.

__Sad
__Moody
__Friendly
__Leader
__Quiet
__Independent
__Happy
__Even tempered
__Prefers to be alone
__Follower
__Very Active
__Dependent
__Hard to discipline
__Has temper tantrums
__Affectionate
__Fearful
__Has trouble sleeping
__Sucks thumb

2. Is this child easily managed at home? ____________________________________
3. Would you describe this child as "usually' active? __________________________
4. Would you describe this child as "usually" distractible? ______________________

Educational History		
Educational Setting	Location/School	Teacher(s)
Child Care Facility		
Early Childhood Classes		
Birth to 3 Program		

5. How often does your child attend classes?

____ daily ___ 4 times per week ___ 3 times per week
____ 2 times per week ___ ½ days ___ full day

6. How many children are in your child's class? ______________________________
7. What type of classroom is your child in? (i.e., traditional, open classroom, transdisciplinary, etc.)____
8. Does your child exhibit any learning style preferences?

__ Visual __Auditory __Both

9. Does your child 's developmental performance seem to interfere with his/her school performance? ____Yes ____No

If "Yes," please explain: ____
____
____

10. Have teachers expressed any concerns about your child's learning behavior?

__Yes ___No

If so, please describe: ____
____
____

11. Has your child ever been evaluated for or attended therapy for:

____ speech problems ___ vision problems __feeding problems
____ hearing problems ___ physical motor problems

Other____

Please give locations, dates, and results.
____
____
____