

## APPENDIX 1-A

### Child Case History Form

**General Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Does the child live with both parents? \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Brothers and Sisters (include names and ages):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What languages does the child speak? What is the child's primary language?

What languages are spoken in the home? What is the primary language spoken?

With whom does the child spend most of his or her time?

Describe the child's speech-language problem.

How does the child usually communicate (gestures, single words, short phrases, sentences)?

When was the problem first noticed? By whom?

What do you think may have caused the problem?

Has the problem changed since it was first noticed?

Is the child aware of the problem? If yes, how does he or she feel about it?

Have any other speech-language specialists seen the child? Who and when? What were their conclusions or suggestions?

Have any other specialists (physicians, psychologists, special education teachers, etc.) seen the child? If yes, indicate the type of specialist, when the child was seen, and the specialist's conclusions or suggestions.

Are there any other speech, language, or hearing problems in your family? If yes, please describe.

**Prenatal and Birth History**

Mother's general health during pregnancy (illnesses, accidents, medications, etc.).

Length of pregnancy: \_\_\_\_\_ Length of labor: \_\_\_\_\_

General condition: \_\_\_\_\_ Birth weight: \_\_\_\_\_

Circle type of delivery:            head first            feet first            breech            Caesarian

Were there any unusual conditions that may have affected the pregnancy or birth?

**Medical History**

Provide the approximate ages at which the child suffered the following illnesses and conditions:

Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Colds \_\_\_\_\_ Convulsions \_\_\_\_\_ Croup \_\_\_\_\_

Dizziness \_\_\_\_\_ Draining Ear \_\_\_\_\_ Ear Infections \_\_\_\_\_

Encephalitis \_\_\_\_\_ German Measles \_\_\_\_\_ Headaches \_\_\_\_\_

High Fever \_\_\_\_\_ Influenza \_\_\_\_\_ Mastoiditis \_\_\_\_\_

Measles \_\_\_\_\_ Meningitis \_\_\_\_\_ Mumps \_\_\_\_\_

Pneumonia \_\_\_\_\_ Seizures \_\_\_\_\_ Sinusitis \_\_\_\_\_

Tinnitus \_\_\_\_\_ Tonsillitis \_\_\_\_\_ Other \_\_\_\_\_

Has the child had any surgeries? If yes, what type and when (e.g., tonsillectomy, adenoidectomy, etc.)?

Describe any major accidents or hospitalizations.

Is the child taking any medications? If yes, identify.

Have there been any negative reactions to medications? If yes, identify.

**Developmental History**

Provide the approximate age at which the child began to do the following activities:

Crawl \_\_\_\_\_ Sit \_\_\_\_\_ Stand \_\_\_\_\_

Walk \_\_\_\_\_ Feed self \_\_\_\_\_ Dress self \_\_\_\_\_

Use toilet \_\_\_\_\_

Use single words (e.g., *no, mom, doggie*, etc.): \_\_\_\_\_

Combine words (e.g., *me go, daddy shoe*, etc.): \_\_\_\_\_

Name simple objects (e.g., *dog, car, tree*, etc.): \_\_\_\_\_

Use simple questions (e.g., *Where's doggie?* etc.): \_\_\_\_\_

Engage in a conversation: \_\_\_\_\_

Does the child have difficulty walking, running, or participating in other activities which require small or large muscle coordination?

Are there or have there ever been any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing, etc.)? If yes, describe.

Describe the child's response to sound (e.g., responds to all sounds, responds to loud sounds only, inconsistently responds to sounds, etc.).

**Educational History**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

How is the child doing academically (or preacademically)?

Does the child receive special services? If yes, describe.

How does the child interact with others (e.g., shy, aggressive, uncooperative, etc.)?

If enrolled for special education services, has an Individualized Educational Plan (IEP) been developed? If yes, describe the most important goals.

Provide any additional information that might be helpful in the evaluation or remediation of the child's problem.

Person completing form: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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



## SPEECH AND LANGUAGE COMMUNICATION CHECKLIST

Student \_\_\_\_\_

Parent(s) \_\_\_\_\_

Grade \_\_\_\_\_

Date \_\_\_\_\_

Please fill out this checklist based on observations of your child at home. Check the appropriate box for each behavior. Feel free to add your comments on the back of this paper. Thanks!!!

Not a prob-  
lem area  
 Problem  
area

### RECEPTIVE LANGUAGE

		Is able to follow oral directions.
		Says "Huh" or "What" frequently.
		Has a short attention span.
		Is able to ask for clarification/repetition of a direction(s).
		Sometimes appears not to be listening.
		Repeats what has been said, rather than responding to the meaning.
		Appears not to remember <u>and/or</u> understand what has been said.
		Is easily distracted by sounds or noises.
		Has difficulty remembering family routines and following directions.

### EXPRESSIVE LANGUAGE

		Participates in family discussions.
		Uses complete thoughts when speaking.
		Uses correct sentence structure and grammar.
		Uses logical sequence of ideas to tell a story or relate events.
		Appears to grope or struggle for words.
		Uses a limited speaking vocabulary.
		Below age 7, poor articulation makes speech difficult to understand.
		Age 8 or above, articulation errors seem to interfere with academic or social functioning.
		Uses appropriate volume, pitch and intonation.
		Voice often sounds hoarse or harsh.
		Uses rhythmical, fluent speech.

### PRAGMATIC (SOCIAL COMMUNICATION) LANGUAGE

		Can carry on a meaningful conversation with adults.
		Can carry on a meaningful conversation with peers.
		Introduces a topic appropriately.
		Makes relevant comments on the topic.
		Can take turns in conversations.
		Attends to speaker - maintains eye contact, etc.
		Can end a conversation appropriately.
		Does not seem to understand jokes or abstract remarks.

