

UNIVERSITY OF NEW MEXICO SPEECH-LANGUAGE AND HEARING CENTER

CHILD CASE HISTORY CONFIDENTIAL INFORMATION

Child's First Name _____ Last Name _____

Birthdate _____ Age _____ Gender _____ Grade _____ Date Completed _____

Parent(s)/Legal Guardian _____

Address _____

City _____ State _____ Zip _____

Phone: (cell) _____ (home) _____ (work) _____

Person providing information _____ Relationship _____

Referred by _____ Home Language(s) _____

Child's Primary Language _____ Child's Second Language _____

PRESENT CONCERN

Please describe the present speech/language/academic problem (such as vocabulary, sentence structure, speech production, comprehension/listening, fluency (stuttering) voice characteristics, etc.)

When was the problem first noticed? By whom?

What do you feel might be the cause of the problem?

Are there any conditions that make the problem seem more or less severe?

What, if anything, has been done to work on the problem?

Has the child received any speech/language evaluations or therapy? If yes, where and when?

Is he/she aware of any speech-language concerns? What are the attitudes of others – family, peers, school?

BIRTH HISTORY

Were there any medical complications during pregnancy? Describe.

Did the mother receive any medications during pregnancy? If so, what?

Was the baby full-term?

Was the birth weight high, within normal limits, or low?

Describe any congenital or medical problems present at birth.

MEDICAL HISTORY

Has the child had any significant illnesses/diseases (e.g., high fever, mumps, measles, meningitis, rubella, etc.)? At what age?

Describe any accidents or injuries: how severe, whether he/she was hospitalized, and age of occurrence.

Does the child have history of seizures, convulsions, loss of consciousness? Describe.

Does the child have allergies? If so, please describe.

Has the child had middle ear infections? When, how often, and how severe?

Has the child had a hearing test? If so, what were the results?

Has his/her vision been tested? Results?

Does he/she wear glasses?

Are there any dental concerns? Describe.

Where does the child receive his/her medical care?

List any medications the child is taking (name of medication and dosage).

MOTOR DEVELOPMENT

Describe the child's development of early motor skills – such as standing, walking, feeding self, etc. (i.e., average, advanced, delayed).

Describe the child's motor skills at present:

Fine motor skills (writing/drawing):

Gross motor skills (walking/running/kicking):

SPEECH-LANGUAGE DEVELOPMENT

Indicate the ages at which the following were first noticed:

Babbling _____

Single words _____

Putting two words together _____

Putting 3-4 words together _____

Speaking in complete sentences _____

Does the child have difficulty following directions?

How well does the child get along with peers, family members, etc?

Is behavior/discipline a concern at home or at school? Describe.

PERTINENT CULTURAL CONSIDERATIONS IDENTIFIED BY FAMILY

DESCRIBE HOW THE CHILD'S DIFFICULTIES IMPACT DAILY LIFE AND ACTIVITIES, INCLUDING RELATIONSHIPS?

ADDITIONAL INFORMATION

Is there anything else you think we should know about this child?