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.

- ❑ Measles
- ❑ Visual Difficulties
- ❑ Whooping Cough
- ❑ Scarlet Fever
- ❑ High Fever
- ❑ Influenza
- ❑ Convulsions
- ❑ Frequent Colds
- ❑ Mumps
- ❑ Allergies
- ❑ Epilepsy
- ❑ Tonsillitis
- ❑ Sinusitis
- ❑ 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	__Follower
__Moody	__Very Active
__Friendly	__Dependent
__Leader	__Hard to discipline
__Quiet	__Has temper tantrums
__Independent	__Affectionate
__Happy	__Fearful
__Even tempered	__Has trouble sleeping
__Prefers to be alone	__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.
_____
_____
_____