

Speech-Language Therapy Case History

Please answer the following questions **BEFORE** your child's evaluation. Bring this completed form to your evaluation.
Missing information may delay/shorten your child's evaluation.

What language(s) is/are spoken in the home? _____

When did your child do the following?

	Age		Age
Coo (i.e., use vowel sounds)		Name people/objects (e.g., "dog")	
Babble (e.g., "ba-ba-da-da")		Combine 2 words (e.g., "want drink")	
Say their first word		Use more complete sentences (e.g., "I want to play ball.")	

How does your child communicate? (Check all that apply.)

Facial Expressions	<input checked="" type="checkbox"/>	Sentences	<input checked="" type="checkbox"/>
Pointing		Sign Language	
Gestures		Pictures/Symbols (e.g., PECS)	
Leads people to items		Communication Board (Describe below)	
Babbling (e.g., "ba-ba-da-da")		Communication Device (e.g., iPad app) (Describe below)	
Words		Other (Describe below)	

Other: _____

Is your child aware of their difficulties? **Yes** **No** **Unknown**

Are they frustrated with communication? **Yes** **No** **Unknown**

What is their reaction? _____

Do you have concerns about stuttering? **Yes** **No**

Does your child have difficulty understanding what is said to them? (e.g. following directions) **Yes** **No**

Do you have difficulty understanding your child's speech? **Yes** **No**

If **yes**, what percentage do you understand (circle)? **Less than 50%** **50-75%** **75-90%** **Greater than 90%**

Does your child have difficulty with feeding/swallowing (e.g., coughing, choking, gagging)? **Yes** **No**

If **yes**, please explain: _____

Does your child use a pacifier? **Yes** **No** Does your child suck their thumb and/or fingers? **Yes** **No**