SPEECH-LANGUAGE-HEARING CASE HISTORY FORM

Identifying and Family Information:

Child's Name:________________ Birthdate:____________ Sex: ☐ M ☐ F

Father's Name:________________ Daytime Phone:________________

Address:________________ Cell Phone:________________

________________ E-mail:________________

____

Mother's Name:________________ Daytime Phone:________________

Address:________________ Cell Phone:________________

________________ E-mail:________________

____

Doctor's Name:________________ Doctor's Phone:________________

Child lives with (check one):

☐ Birth Parents ☐ Foster Parents ☐ One Parent

☐ Adoptive Parents ☐ Parent and Step-Parent ☐ Other ________

Other children in the family:

Name	Age	Sex	Grade	Speech/Hearing Problems

Child's race/ethnic group:

☐ Caucasian, Non-Hispanic ☐ Hispanic ☐ African-American

☐ Native American ☐ Asian or Pacific Islander ☐ Other ________

Is there a language other than English spoken in the home? ☐ Yes ☐ No

If yes, which one?________________

Does the child speak the language? ☐ Yes ☐ No

Does the child understand the language? ☐ Yes ☐ No

Who speaks the language? ________________

Which language does the child prefer to speak at home? ________________

©2004 Super Duper® Publications • 1-800-277-8737 • www.superduperinc.com

Speech-Language-Hearing

Do you feel your child has a speech problem? ☐ Yes ☐ No
If yes, please describe. ____________________

Do you feel your child has a hearing problem? ☐ Yes ☐ No
If yes, please describe. ____________________

Has he/she ever had a speech evaluation/screening? ☐ Yes ☐ No
If yes, where and when? ____________________
What were you told? ____________________

Has he/she ever had a hearing evaluation/screening? ☐ Yes ☐ No
If yes, where and when? ____________________
What were you told? ____________________

Has your child ever had speech therapy? ☐ Yes ☐ No
If yes, where and when? ____________________
What was he/she working on? ____________________

Has your child received any other evaluation or therapy (physical therapy, counseling, occupational therapy, vision, etc.)? ☐ Yes ☐ No
If yes, please describe. ____________________

Is your child aware of, or frustrated by, any speech/language difficulties? ____________________

What do you see as your child's most difficult problem in the home? ____________________

What do you see as your child's most difficult problem in school? ____________________

©2004 Super Duper® Publications • 1-800-277-8737 • www.superduperinc.com

Birth History

Was there anything unusual about the pregnancy or birth? ☐ Yes ☐ No

If yes, please describe. ____________________

How old was the mother when the child was born? __________

Was the mother sick during the pregnancy? ☐ Yes ☐ No

If yes, please describe. ____________________

How many months was the pregnancy? __________

Did the child go home with his/her mother from the hospital? ☐ Yes ☐ No

If child stayed at the hospital, please describe why and how long. ____________________

Medical History

Has your child had any of the following?

- ☐ adenoidectomy
- ☐ allergies
- ☐ breathing difficulties
- ☐ chicken pox
- ☐ colds
- ☐ ear infections
  How often? __________
- ☐ ear tubes
- ☐ encephalitis
- ☐ flu
- ☐ head injury
- ☐ high fevers
- ☐ measles
- ☐ meningitis
- ☐ mumps
- ☐ scarlet fever
- ☐ seizures
- ☐ sinusitis
- ☐ sleeping difficulties
- ☐ thumb/finger sucking habit
- ☐ tonsillectomy
- ☐ tonsillitis
- ☐ vision problems

Other serious injury/surgery: ____________________

Is your child currently (or recently) under a physician's care? ☐ Yes ☐ No

If yes, why? ____________________

Please list any medications your child takes regularly: ____________________

©2004 Super Duper® Publications • 1-800-277-8737 • www.superduperinc.com

Developmental History

Please tell the approximate age your child achieved the following developmental milestones:

- __________ sat alone
- __________ babbled
- __________ put two words together
- __________ walked
- __________ grasped crayon/pencil
- __________ said first words
- __________ spoke in short sentences
- __________ toilet trained

Does your child...

- ☐ choke on food or liquids?
- ☐ currently put toys/objects in his/her mouth?
- ☐ brush his/her teeth and/or allow brushing?

Current Speech-Language-Hearing

Does your child...

- ☐ repeat sounds, words or phrases over and over?
- ☐ understand what you are saying?
- ☐ retrieve/point to common objects upon request (ball, cup, shoe)?
- ☐ follow simple directions ("Shut the door" or "Get your shoes")?
- ☐ respond correctly to yes/no questions?
- ☐ respond correctly to who/what/where/when/why questions?

Your child currently communicates using...

- ☐ body language.
- ☐ sounds (vowels, grunting).
- ☐ words (shoe, doggy, up).
- ☐ 2 to 4 word sentences.
- ☐ sentences longer than four words.
- ☐ other ______________________________.

Behavioral Characteristics:

- ☐ cooperative
- ☐ attentive
- ☐ willing to try new activities
- ☐ plays alone for reasonable length of time
- ☐ separation difficulties
- ☐ easily frustrated/impulsive
- ☐ stubborn
- ☐ restless
- ☐ poor eye contact
- ☐ easily distracted/short attention
- ☐ destructive/aggressive
- ☐ withdrawn
- ☐ inappropriate behavior
- ☐ self-abusive behavior

©2004 Super Duper® Publications • 1-800-277-8737 • www.superduperinc.com

School History

If your child is in school, please answer the following:

Name of school and grade in school: ______________________________

Teacher's name: ______________________________

Has your child repeated a grade? ______________________________

What are your child's strengths and/or best subjects? ______________________________

Is your child having difficulty with any subjects? ______________________________

Is your child receiving help in any subjects? ______________________________

Additional Comments

____

©2004 Super Duper® Publications • P.O. Box 24997, Greenville, SC 29616 USA • www.superduperinc.com
Call Toll Free 1-800-277-8737 • Fax Toll Free 1-800-978-7379 • E-mail: custserv@superduperinc.com