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SPEECH AND LANGUAGE CASE HISTORY FORM

The information you provide on this form will give us a better understanding of your child. All material and information are strictly confidential.

Date: _____

Child's Name: _____ Date of Birth: _____

Form Completed by: Mother Father Guardian Caregiver Other: _____

Child lives with: Birth Parents Foster Parents Adoptive Parents Other _____

Family Information

Parent/Guardian(s) _____

Address: _____

Home Phone: _____ Cell phone: _____

Email address: _____ Referred by: _____

Siblings/Children in the home:

Name	Age	Sex
_____	_____	_____
_____	_____	_____

_____ Presenting
Concerns: Describe the concerns you have about the child's communication skills at this time:

When was the concern first noticed?

Are there any skills the child had learned previously, but can no longer use?

Has the child's hearing been tested? Yes No

If yes, where was the test completed: _____ Date Completed: _____

Results of hearing test: Hearing within normal limits Hearing loss Further testing required



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Family Background

Have any family members had any speech, language, hearing problems, or learning difficulties?

No Yes

If Yes, who? Please describe: _____

What languages are spoken in the home? _____

What is the primary language used with this child? _____

Child's Medical History

Name of Child's Pediatrician: _____ Medical Office: _____

Describe the mother's health during pregnancy: Good Fair Poor

Were there any unusual conditions or concerns during the pregnancy or birth? No Yes

If yes, please describe: _____

Was the pregnancy full term? Yes No If no, how early or late? _____

General condition: _____ Birth weight: _____

Does your child have any medically diagnosed illness or conditions? Yes No

If yes, please explain: _____

Is your child taking any medications? Yes No

If yes, please list: _____

Please list any allergies: _____

Has your child experienced any of the following? Seizures Snoring Mouth Breathing

Sleeping Problems Frequent Ear Infections PE tubes Adenoidectomy Tonsillectomy

Other: _____

Has your child had any surgeries, accidents or hospitalizations? No Yes

If yes, please explain: _____

Is there anything else we should know about your child's medical history? Yes No



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If yes, please explain: _____

Has your child had any of the following evaluations or assessments?

- Please indicate: Hearing Speech and Language Psychological Physical Therapy
 Neurological Occupational Therapy Developmental Vision

If applicable, what were the results?

Developmental History

Please provide the approximate age at which the child acquired the following skills. If you cannot remember the age, check the box that best describes when he/she acquired the skill as compared to his/her peers.

Activity	Age	Earlier than Peers	Same Time as Peers	Later than Peers
Sit				
Crawl				
Roll over				
Walk				
Feed self				
Potty trained				

Speech & Language History

Please provide the approximate age at which the child acquired the following skills. If you cannot remember the age, check the box that best describes when he/she acquired the skill as compared to his/her peers.

Activity	Age	Earlier than Peers	Same Time as Peers	Later than Peers
Babbling (e.g., "ba, ba")				
Use first words				
Put 2-3 words together				



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Spoke in short sentences				
Engage in conversation				
Understand directions				
Asks questions				

How does your child usually communicate (*check all that apply*)? gestures single words
 short phrases sentences

Is your child aware or frustrated by his/her speech and language difficulties? *If yes, please explain their reaction:* _____

Is your child’s speech and language difficulties noticed by others? *If yes, please tell who.*

In what situations does the child have more difficulty communicating?

at home at daycare/preschool at school with friends everywhere

Articulation (how your child produces words)

Approximately how much of your child’s speech do you understand?

_____ Less than 10% _____ 25% _____ 50% _____ 75% _____ 90%-100%

___ leaves off ending sounds (“cu” for “cup”) _____ spells the way he/she speaks
 ___ leaves off beginning sounds (“up” for “cup”) _____ substitute sounds (says “to” for “shoe”)
 ___ says specific sounds incorrectly list sounds _____

Receptive Language (*how your child understands things said to them*)

Does your child (*please check what applies*)?

___ identify common objects (chair, table) ___ understand/follow commands (sit down, come here, etc.)
 ___ identify actions (run, walk, talk) _____ respond correctly to “wh” questions (who, what)
 ___ respond correctly to yes/no questions _____ understand basic concepts (up/down, in/out)



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Expressive Language (*how your child uses words to express their wants and needs*)

___ uses position words (in/out, up/down) ___ uses descriptive words (big/little)
___ uses action words (walk, run, talk) ___ uses pronouns (me, mine, yours)

Fluency (*how smooth the flow of speech is*)

___ repeats words, phrases ___ long pauses between words
___ prolongs words or sound ___ abnormal mouth or head movements when speaking

Voice and Resonance (*how voice sounds*) (*check only those that may apply*)

___ hoarse ___ strained ___ raspy ___ too low ___ too high ___ whispery

Social Skills (*how your child interacts with others*)

___ uses social greetings (hi, bye) ___ makes eye contact ___ plays well with others
___ shares toys/things easily ___ initiate play with others ___ takes turns

****Please provide copies of any evaluations, treatment plans, or IEPs, etc. ****

Acknowledgement of Purpose of Case History Information

I understand that the information provided within the Speech and Language Case History Form will be used to provide my child with effective evaluation and treatment. This document will be placed in my child's file and can be accessed by other third party agencies such as (primary care physician, insurance carrier, and educational institutions) as requested by parent. I also understand that if my child is currently served by an Individualized Education Plan or Individualized Family Service Plan, has a medical evaluation reports that copy should be provided to Speech in Progress, LLC for the sole purpose of providing my child with effective and adequate evaluation and treatment. I grant Speech in Progress, LLC permission to provide speech and language services as necessary to my child.

Parent/Guardian Signature

Date