SPEECH SUPERSTARS
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Child Case History

Child's Name: _____
Birth Date: _____
Parent/Guardian(s): _____
Street Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email Address: _____

Present Concerns:
Reason for today's visit
Speech_____
_____
_____
Language_____
_____
_____
Feeding_____
_____

1. Has your child had any speech language evaluations within the past six months? If so, with what provider, what assessments were administered, and when was this assessment completed with your child?

_____
_____

2. Has your child ever received speech and language therapy services? If yes, where and when?

_____

3. When did you first notice a concern with your child's speech and language development?

_____
_____
_____

4. Has your child had a hearing test within the past year?
Date _____ Results _____
5. Has your child had a vision screening within the past year?
Date_____ Results _____

Family Background:

1. What is the primary language spoken in the home? _____
2. What is your child's dominant language? _____
3. Please list any other children in the home

_____ (age) _____ (age) _____

_____ (age) _____ (age) _____

4. Are there any family members or relatives who have or have had the same problem?

- ☐ No
- ☐ Yes, please describe _____

Birth History:

1. Were there any illnesses or complications during the pregnancy with your child?

_____

2. Pregnancy term and birth weight:

Full term _____

2. If not full term, how many weeks? _____

_____

Birth weight _____

Delivery Method: C-Section, Vaginal or Breach? _____

3. Were there any immediate problems following the birth or during the first two weeks of your infant's life? _____

- ☐ No
- ☐ Jaundice
- ☐ Feeding
- ☐ Required oxygen
- ☐ Sucking or swallowing problems
- ☐ Sleep patterns
- ☐ Infant required a NICU stay (If so, how long, and why?) _____

Developmental Milestones:

Babbled	age _____
Said first word	age _____
Put 2 words together	age _____
Sat alone	age _____
Crawled	age _____
Walked	age _____
Grasped crayon	age _____

Medical History:

1. How is your child's overall health?
   - ☐ Good
   - ☐ Fair
   - ☐ Poor
2. Are immunizations up to date? _____
3. Does your child have any known allergies? _____
   If yes, please list:

_____

4. List all medications and dosages currently prescribed to your child _____

_____

5. Does your child have a history of surgery or hospitalizations?

_____

6. Please check the following that apply to your child
   - ☐ Autism/PDD
   - ☐ Down Syndrome
   - ☐ Cerebral Palsy
   - ☐ ADHD/ADD
   - ☐ Dyslexia
   - ☐ Hearing Loss
   - ☐ Cognitive Impairment
   - ☐ Psychological/Behavioral Concerns
   - ☐ Other _____

7. Has your child had any of the following conditions?
   - ☐ Adenoidectomy
   - ☐ Allergies/ Asthma
   - ☐ Breathing Difficulties
   - ☐ Chicken pox
   - ☐ Cleft lip
   - ☐ Cleft palate
   - ☐ Excessive colds
   - ☐ Ear infections How often? _____
   - ☐ Ear tubes
   - ☐ Encephalitis
   - ☐ Flu
   - ☐ Food sensitivities
   - ☐ Head injury

- ☐ Hearing impairments
- ☐ High fevers
- ☐ Low birth weight
- ☐ Measles
- ☐ Meningitis
- ☐ Mumps
- ☐ Scarlet fever
- ☐ Seizures
- ☐ Sinusitis
- ☐ Sleeping difficulties
- ☐ Spinal cord injury
- ☐ Thumb/ finger sucking habit
- ☐ Tonsillectomy
- ☐ Tonsillitis
- ☐ Visual impairments

8. Please describe any other relevant medical diagnoses:

_____

9. Does your child have a history of ear infections? _____If yes, are PE tubes in place?

_____

If yes, when, and are they still intact? _____

Current Speech Language and Hearing:

1. Please indicate any/all areas of concern:
   - ☐ pronouncing a variety of sounds
   - ☐ understanding directions
   - ☐ recognizing familiar objects
   - ☐ using words to communicate consistently
   - ☐ naming or labelling common objects or pictures
   - ☐ answering questions
   - ☐ speaking fluently
   - ☐ taking turns
   - ☐ interacting with other children in an appropriate manner
   - ☐ using eye contact
   - ☐ using a hoarse vocal quality
   - ☐ other concerns _____

2. Which of the following best describes your child?

- ☐ does not use words
- ☐ gestures more than using words
- ☐ uses sounds (vowels, grunting)
- ☐ uses jargon
- ☐ uses words (shoe, doggy, up)
- ☐ uses 2-word phrases
- ☐ uses 3–4-word sentences
- ☐ easy to understand
- ☐ difficult for my family to understand
- ☐ difficult for others to understand
- ☐ speech is not fluent
- ☐ voice sounds hoarse most of the time

3. Does your child (Please check all that apply)

- ☐ repeat sounds, words or phrases over and over? or repeats words right after you say them? or demonstrates "scripted language" (repeats what they hear in movies/conversations)?
- ☐ understand what you are saying?
- ☐ point to common objects upon request (ball, cup)?
- ☐ follow simple directions ("shut the door" or "get your shoes")?
- ☐ understand and follow directions without any extra help or repetitions?
- ☐ line up toys or hold toys up to a light?
- ☐ understand how to use toys as they were intended to be used?
- ☐ demonstrate any behavior difficulties? _____
- ☐ sit and pay attention to activities he/she is interested in and for how long?
  _____
- ☐ participate in family routines like bedtime and getting ready for the day? Does he/she know and follow your routine and rules?
  _____
- ☐ watch the same shows over and over again?
- ☐ respond correctly to yes and no questions?
- ☐ respond correctly to who, what, where, when, and why questions?
- ☐ engage in meaningful conversations with others?
- ☐ use appropriate eye contact?
- ☐ display unusual or repetitive movements, like rocking, flapping hands, spinning, or running back-and-forth on a regular basis?
- ☐ seem unusually drawn to or upset to certain noises, lights or objects to the point that it gets in the way of his/her daily activities?

4. Does your child engage in eye contact during conversations?

- ☐ Yes
- ☐ Sometimes
- ☐ No

5. How does your child communicate his/her wants and needs?

- ☐ looking at objects
- ☐ sounds/grunting
- ☐ pointing/gesturing
- ☐ single words
- ☐ 2–4-word phrases
- ☐ complete sentences
- ☐ conversations
- ☐ picture symbols/ PECS
- ☐ sign language

6. Estimate how many words are in your child's vocabulary (words they regularly use on a daily or weekly basis):

Receptive (approximate number of words my child understands) _____

Expressive Language (approximate number of words my child uses) _____

Does your child demonstrate frustration when he/she is not understood by others?

_____

Feeding and Oral/Motor Concerns:

1. How would you characterize your child's diet?

_____

- ☐ Regular (all foods allowed) no known food allergies or dietary restrictions

  _____
- ☐ Regular (with exceptions) List food allergies/ dietary restrictions

  _____
- ☐ Pureed (requiring very little chewing ability)
- ☐ Mechanical Soft (requiring some chewing)
- ☐ Advanced (soft foods that require more chewing ability)
- ☐ Does your child

  choke on foods or liquids?

- □ currently puts toys/objects in his or her mouth?
- □ brush his/her teeth and allow assisted brushing?

2. Has your child had a Modified Barium Swallow Study? If so, when and where was this completed? Please also indicate the outcome of this study and provide our office with a copy of the report if you have a copy.

   _____

3. Has your child participated in Feeding Therapy in the past?

   _____

4. Would you describe your child as a "picky eater"?

   _____

   _____

Educational Background:

Please indicate the following:
Name of your child's School: _____ Grade: _____
Any grades repeated:
_____
Does your child have an IEP?
□ No □ Yes Program: _____
Please indicate any/all areas of difficulty _____

- □ Reading
- □ Writing
- □ Math
- □ Spelling
- □ Interacting

Behavioral Background:

Please check all that apply:

- □ friendly/ outgoing
- □ is usually happy
- □ is impulsive/ restless / easily frustrated
- □ stubborn
- □ sleeping difficulties

- ☐ attentive
- ☐ cooperative
- ☐ willing to try new activities
- ☐ plays alone for reasonable length of time
- ☐ separation difficulties
- ☐ eating difficulties
- ☐ withdrawn
- ☐ destructive/aggressive
- ☐ inappropriate behavior
- ☐ self-abusive behavior
- ☐ imitated actions/ speech
- ☐ difficulty separating
- ☐ understands praise
- ☐ mostly quiet
- ☐ poor memory
- ☐ poor turn taking
- ☐ difficulty concentrating/easily distracted/short attention
- ☐ lacks pretend play
- ☐ avoids group play
- ☐ avoids eye contact or poor eye contact
- ☐ recognizes danger
- ☐ overly active
- ☐ plays with toys appropriately
- ☐ difficulty with transitions