



SPEECH SUPERSTARS

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Pre-Language Case History

Name _____ Date _____

Date of Birth _____ Age _____

School _____ Primary Language _____

Mother's Name _____ Father's Name _____

Address _____ Address (if different) _____

Mother's primary language _____ Father's primary language _____

Phone number _____ Phone number _____

Alternate phone _____ Alternate phone _____

Mother's email _____ Father's email _____

Person completing form

Physician's Name _____ Phone _____

Referred by _____

Family and Social History

Please list any additional children living in your home and their ages:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Has anyone in your family ever had any speech or language concerns or received speech or language therapy services?

Is your child currently enrolled in therapy? _____ and where? _____

Milestones

Does your child exchange and hold eye contact with you during communication?

Does your child visually track moving objects or people?

Does your child ask for attention in non-verbal ways? (indicated by using gestures and facial expressions)

Does your child notice objects? (indicated by using his or her finger to point and/or offering an object to another person)

Does your child look for objects that disappear or pick up objects that are dropped?

Does your child hide objects and then find them? _____

Does your child imitate movements with objects? (opening a book, dropping a toy, banging a toy) _____

Does your child perform appropriate movements with objects? (rolling a ball, pushing a toy truck, feeding a baby)

Does your child play with two objects together appropriately? (a doll and a baby bottle, play figures and a dollhouse)

Does your child change an object from one play location to another? (move a car into a garage)

Does your child use several objects together appropriately in a routine or play activity?

Does your child imitate large body movements? (marching) _____

Does your child imitate fine motor movements? (clapping) _____

Does your child imitate vocalizations? (babbling or signs) _____

Does your child produce spontaneous sounds or gestures to indicate wants and needs?

Describe these:

Does your child use any words or jargon? List those words below:

Communication History

Describe your child's communicative behavior. Include information on use of speech, gestures, facial expressions, pulling you to an item that he or she wants.

How can I help your child? _____

What specific areas do you feel your child needs help in? _____

Has your child had any previous evaluations or help with communication?

Yes _____ No _____ Where? _____ When? _____

What was the nature of the help?

When did you first notice that your child had a communicative difficulty? Please explain:

If your child is not yet speaking, is he/she using any form of augmentative communication to communicate basic wants and needs? (gestures, pictures, sign language)

If your child is using sign language, what signs is he/she using? _____

At what age did your child begin to talk? _____

Imitate sounds? _____ Words? _____

Phrases and short sentences? _____ Can you recall some of his or her words?

Feeding:

Was there any early feeding difficulty? If so, explain _____

Has he/she had any difficulty with chewing or swallowing? _____

Does your child use a pacifier? _____

Does your child suck his/her thumb? _____

Can your child drink from an open cup? _____

Can your child use a fork/spoon independently? _____

Does your child ever choke on his/her food or spit food out? _____

Does your child eat a variety of textures and different food types? _____

Are there any other feeding concerns with your child? _____

Communication History:

Is your child able to communicate without getting frustrated? _____

Does your child repeat new words he/she hears?

Can you hear what your child is saying? _____

Has his/her hearing been tested? If yes, when and where?

Do you feel your child understands what you say to him/her? _____

Does your child understand directions given to him/her? _____

Does your child use a variety of words when he/she communicates?

Does your child repeat the same words over and over? _____

Can your child retell a story or sequences of events? _____

Can your child tell when two words rhyme like *mat and bat*? _____

What are your child's favorite playthings? _____

What are your child's favorite activities? _____

Describe your child's play with his favorite playmates: _____

Birth and Developmental History

Relevant birth history, hospitalizations, surgeries, illnesses, allergies _____

Did the mother take any medications during the pregnancy? If yes, please explain: _____

What was the baby's birth weight? _____ lb. _____ oz.

When did he/she sit unassisted? _____ Walk? _____ Feed himself/herself? _____

Can your child use the bathroom independently? _____

Medical History

What health problems has your child had if any? (nose, throat, ears) _____

Early illness and approximate ages:

Measles _____ Chicken pox _____ Mumps _____

Earaches _____ Epilepsy/seizures _____ Other _____

High fever _____ How high _____ How long _____

Have tonsils, adenoids, or both been removed? If so, when? _____

Has the child ever been hospitalized? Why? _____

At what age? _____ For how long? _____

Are there any further concerns you have regarding your child that you would like to mention?
