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Vienna, VA 22182
703 830 1136
EIN# 26-0060915

Child CASE INFORMATION

Client's Name _____

Date of Birth _____

Parent's Names: _____

Address: _____

Phone Numbers: H _____ C _____

Child lives with: _____

Primary Language Spoken in the home / by primary caregiver: _____

Please describe why you are having your child seen for a speech-language evaluation (e.g. voice, stuttering, Expressive or receptive language delay, articulation, reading difficulty, etc)

II. FAMILY HISTORY

Is this child adopted? _____ At what age? _____ Location _____

Are there any incidences of any of the following conditions among the child's family/close relatives (maternal and paternal)? Write Yes or No

1. Speech problems
2. Hearing problem
3. Learning disabilities
4. Seizures/convulsions
7. Autism/spectrum disorder

III. BIRTH HISTORY

During pregnancy, did mother have any complications:

Baby was delivered: ___ Full-term ___ Premature (___ week of gestation)
The baby was pronounced "healthy" at birth? ___ Y ___ N
At birth the infant weighed: _____
Did child experience any early feeding/swallowing problems

IV. MEDICAL HISTORY

Please list any medications your child takes regularly (including medication for behavior or attention control). Please include purpose of medication.

Does your child have any known allergies to food or to his/her environment? Y/N If yes, please list.

Does child have any medical diagnoses? (e.g., ADD, autism, dyslexia) ___ Y ___ N

Name of doctor who gave the diagnosis. _____

Does child have a history of ear infections? Yes or No

P/E tubes?

frequent colds/ sinus infections?

V. DEVELOPMENTAL HISTORY

Did your child: (answer yes or no)

Hold his/her head up by 4 months?

First crawl by 12 months?

First walk alone by 16 months?

Was toilet-trained by 3 years?

First grasped crayon/pencil (thumb and finger) by 3 years?

VI. SPEECH AND LANGUAGE INFORMATION

Did your child begin: cooing/ babbling by age 4 months? ___ Y ___ N

Respond to name/peek-a-boo by 8 months? ___ Y ___ N

using jargon* by 12 months? ___ Y ___ N

imitate sounds by 12 months? ___ Y ___ N

*(Jargon is defined as words that are not understandable, but are said in "sentences," where the child's inflections let you know that he is "saying something.")

saying his first word by 15 months? ___ Y ___ N

saying 2 words together by 24 months? ___ Y ___ N

using short sentences by 36 months? ___ Y ___ N

Estimate how many words your child presently uses. _____

Has speech/language development ever been interrupted? Yes or No
explain: _____

How does child communicate with you? (e.g., pointing, gesturing, grunting, words) _____

VII. EDUCATIONAL HISTORY

Name of school _____

Present Grade _____

Is your child currently receiving Special Education services through the school system?

If yes, what is the disability code? _____

Amount of service? _____

Does he/she have a current IEP? _____

Indicate with a check mark any/all areas of difficulty:

writing sentences/paragraphs

speech

reading

spelling

attention

organization

What kinds of grades/reports does your child receive?

VIII. BEHAVIORAL HISTORY

Please check all that describe your child:

Friendly

Easy-going

Plays well with other children

Cooperative

Attentive

Distractible/short attention span

Easily frustrated

Impulsive/impatient

Hyperactive

Withdrawn

Poor eye contact

Doesn't like to be read to

Poor memory

(Please provide copies of any speech-language or psycho-educational test results along with this form)

This form completed by: _____

Relationship: _____

Date: _____