

Austin Area Speech-Language and Learning Services

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CASE HISTORY

1. General Information

Name of Client:	Date of Birth: Today's Date:
Parents' Names:	Phone: home- work- cell-
Address:	Pediatrician's name and address:
Email:	
Who referred you to Austin Area Speech Language and Learning Services?	Languages spoken in the home:

2. Speech and Language Development

Please describe in your own words your child's speech and language development:

When did you notice difficulty in your child's speech and/or language skills?

Has change occurred in his/her skills in the past few months?

3. Birth and Medical History

Were there any complications during pregnancy or birth? Please explain.

Birth Weight: _____

Were there any problems with feeding? Please describe. _____

Has your child had any serious illnesses, accidents, or injuries? Please describe.

Is your child taking any medications? _____

Does your child have frequent ear infections or allergies?

Has his or her hearing been checked? _____

Has your child been seen by any of the following professionals? (Neurologist, ENT, Audiologist, Educational Psychologist, Occupational Therapist, Physical Therapist) If so, please explain.

At what age did you child reach the following developmental milestones?

Say first words _____ Use short sentences _____

Combine two words together _____ Begin walking _____

Is there any history of speech, language, or learning issues in the family? Please explain.

4. Educational History

Name of school your child is currently attending _____

Grade _____ Teacher _____

Are there any concerns about your child's academic performance? Please describe.

Has your child been evaluated by any professionals at his or her school? _____

Please describe any social or behavioral concerns encountered at school or at home:

Please describe your child's strengths and weaknesses:

