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: **Email:**	**Pediatrician's name and address:**
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:

_____

_____