

Speech and Language Child Case History Form

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Name: _____ Date of Birth: ___/___/_____

What languages does the child speak? What is the child's dominant language?

With whom does the child spend most of their time?

Describe the child's speech/language problem.

How does the child usually communicate (gestures, single words, short phrases, sentences)?

When was the speech/language problem first noticed? By whom?

What do you think may have caused the problem?

Has the problem changed since it was first noticed?

Is the child aware of the problem? Frustrated?

What techniques does the family currently use to solve communication issues?

Has the child received previous speech/language services? Who and when? What were their conclusions or suggestions?

Have any other specialties (psychologists, occupational therapists, special education teachers, etc) seen the child? If yes, indicate specialist, when the child was seen, and the specialist's conclusion or suggestions:

Is there a family history of speech, language, or hearing problems? If yes, please describe.

Does the child have difficulty walking, running, or participating in other activities that require small or large muscle coordination?

Are there or have there ever been any feeding problems (e.g., problems with sucking, swallowing, drooling, or chewing). If yes, describe:

Educational History:

School: _____ Grade: ____ Teacher(s): _____

How is the child doing academically (or preacademically)

Does the child receive special services? If yes, describe:

How does the child interact with others (e.g., shy, aggressive, uncooperative)?

If enrolled for special education services, has an Individualized Educational Plan (IEP) been developed? If yes, describe the most important goals:

Please add any additional information you feel would be helpful: