



Albuquerque **Speech Language Hearing Center**
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SPEECH YOUTH CASE HISTORY

Instructions:

Please provide as much information as you can recall for each of the categories below, and bring the completed form with you to your appointment.

Name: _____ Date of Birth: _____ Age: _____

Parent/Responsible Party: _____ Social Security #: _____

Address with zip code: _____

Mother's home phone: _____ Father's home phone: _____

Cell/work phone: _____ Cell/work phone: _____

Person Completing Form: _____

Language spoken at home _____

Description of Present Concern/difficulty:

◆ Please describe the present speech/language/academic concern/difficulty:

◆ How long ago was this concern/difficulty first noticed? By whom?

◆ What do you feel is the origin of the concern/difficulty?

◆ Has the concern/difficulty become worse over time, or has it seemed to improve?

◆ Are there any conditions that make the concern/difficulty seem more or less severe?

◆ What strategies have been used to work on the concern/difficulty at home?

◆ Please describe the child/adolescent's attitude toward the concern/difficulty. What are the attitudes of others?

◆ How does the child/adolescent understand and use verbal language at home (i.e., following directions, communicating with others)?

Evaluation History

- ◆ Has the child/adolescent had any previous assessments? Yes NO

If yes, please provide as much information as you can remember.

- ◆ What kind of evaluation?

- ◆ What were the results?

- ◆ Which tests were given?

- ◆ Has the child/adolescent ever received therapy services? Yes NO

- ◆ If yes, please provide

- o What kind _____
- o Where _____
- o How long ago _____

School History

Please provide information where applicable:

School Attended

Special difficulties

Preschool: _____

Kindergarten: _____

Elementary: _____

Middle/ Jr. High: _____

High School: _____

◆ What grade or academic level is the child/adolescent presently in? Where?

◆ Have any grades been repeated? Please explain.

◆ Does/did the child/adolescent like school? What are their best subjects? Worst?

◆ Has the child/adolescent received any special services? Please describe.

◆ Please describe the child/adolescent 's skills in each of the following areas, if applicable:

○ Paying attention: _____

○ Staying "on task": _____

○ Completing assignments: _____

○ Working independently: _____

○ Following directions: _____

○ Listening comprehension (understanding what's heard): _____

○ Taking notes: _____

○ Verbal explanations, descriptions: _____

○ Paraphrasing/putting ideas in own words: _____

○ Summarizing information verbally: _____

○ Reading comprehension: _____

○ Written language (i.e., papers, essays): _____

○ Study skills: _____

○ General organization: _____

○ Test taking: _____

○ Handwriting: _____

○ Other areas: _____

Birth History

◆ Did the mother receive any medications during her pregnancy?

◆ Were there any medical complications prior to, or during birth?

◆ Was the child full term?

◆ Was the birth weight high, within normal limits, or low?

◆ Describe any atypical behaviors, congenital concerns, or medical concerns present at birth:

Speech language Development

- ◆ Please indicate the ages at which the following were noticed:

Babbling: _____

First single words: _____

2 word sentences: _____

3-4 word sentences: _____

Speaking in sentences: _____

- ◆ Did the child/adolescent have any articulation/speech, or sound productions errors which did not seem appropriate for his/her age?

- ◆ Has the child/adolescent received any previous speech/language evaluations or therapy? If yes, where and when?

- ◆ Are there any current concern/difficulties with communication skills such as vocabulary, sentence structure, speech production, stuttering, voice characteristics, etc.?

- ◆ Has the child/adolescent had a hearing test? If yes, when? What were the results?

- ◆ Please list all languages spoken at home, daycare, and/or school, and approximately what percentage of the time each language is spoken.

Does anyone in the family have difficulty with learning, hearing, speech or motor skills? **Yes** **NO** If yes, please describe difficulties/problems below:

Medical History

◆ Give ages at which the child/adolescent had any significant illnesses or diseases (i.e., mumps, measles, meningitis, rubella, etc.).

◆ Describe any accidents or injuries the child/adolescent has had, if hospitalized, how severe, and age at time of occurrence.

◆ Did or does the child/adolescent have middle ear infections? When? How severe?

◆ Does the child/adolescent have allergy problems?

◆ Does the child/adolescent have a history of seizures, convulsions, or loss of consciousness?

◆ Are there any other medical conditions or concerns?

◆ Please list any medications the child/adolescent is taking and dosage:

Motor Development

◆ Please describe the child/adolescent s' motor skills, as listed:

○ Fine motor (i.e., writing, drawing, etc.):

○ Gross motor (i.e., running, kicking, walking, etc.):

◆ Describe the child/adolescent s' development of early motor skills, such as standing, walking, feeding self, etc., as average, advanced, or delayed.

◆ Is the child/adolescent right or left handed?

Family information

◆ Please list all persons with whom the child/adolescent lives, including ages of siblings:

◆ If the child/adolescent does not live with both natural parents, please describe the living situation:

Mother's name: _____

Occupation: _____ Age: _____

Father's name: _____

Occupation: _____ Age: _____

◆ What are the child/adolescent's favorite leisure activities and/or interests?

◆ Does the child/adolescent get along with peers, family members, etc.?

◆ Is behavior and/or discipline a concern/difficulty? At home? At school?
