



Capable Kids

Pediatric Therapy | OT • Speech • PT

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Speech Language Pathology Case History

Name:

Date of Birth:

Evaluation Date:

School:

Grade:

What are your main concerns?

How is he/she communicating with you? VERBAL/GERSTURAL/PICTURES/NONVERBAL

- How many words/signs/pictures used?
- Is he/she using single words, phrases, or sentences?
- Is it effective? (requesting/naming)
- Is he/she able to imitate?
- What percent of the time is he/she understood by you? By others?
- Is he/she showing signs of frustration when unable to communicate wants/needs/idea?
- How does he/she communicate with siblings and/or peers?

How is his/her receptive language?

- Can he/she follow 1, 2, or multi-step directions, with assistance or independently?
- What cues work best for him/her?
- Is he/she identifying objects/pictures in his/her environment?
- Do you feel like he/she understand what is being said to him/her? How often?

Has your child had treatment before?

- What types of things did they do in therapy?
- Where?
- What seemed to work for him/her?
- Is he/she receiving OT/PT or any other services currently?

Is there a medical diagnosis? By whom? When? Medical History

Family History:

Birth History:

Has your child's hearing been tested?

Does your child display any behaviors that may interfere with learning?

Do you have any other concerns regarding his/her development?