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Speech & Language Case History Form

Date Completed: _____

Person filling out this form: _____

Relationship to child: _____

Identifying Information

Name of child: _____	Nickname: _____	
Date of Birth: _____	Child's Age: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	(cell) _____	(work) _____
Email address: _____		
Preferred Method of Communication: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email		
Doctor's Name: _____	Doctor's Phone: _____	
Doctor's Address: _____		
Do you want a copy of our report sent to your child's doctor? Y or N		
To what other professional persons or agencies do you want a report sent? _____		

Parent 1: _____	Age: _____	
Occupation: _____	Education: _____	
Parent 2: _____	Age: _____	
Occupation: _____	Education: _____	

Other Children in the Family:

Name	Sex	Age	School-Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have any family members had any speech, language, hearing problems, or learning difficulties?

Y or N If Yes, who? _____ Please describe: _____

Statement of the Problem

Do you feel your child has a speech problem? Y or N If Yes, please describe: _____

Do you feel your child has a hearing problem? Y or N If Yes, please describe: _____

Has he/she ever had a speech evaluation/screening? Y or N

If Yes, when and where? _____

What were you told? _____

Has he/she ever had a hearing evaluation/screening? Y or N

If yes, where and when? _____

What were you told? _____

Has your child ever had speech therapy? Y or N

If yes, where and when? _____

What were you told? _____

Has your child received any other evaluation or therapy (physical, occupational, vision, ABA, counseling, etc.)? Y or N If yes, please describe: _____

Is your child aware of, or become frustrated by their speech/language difficulties?

How does your child's speech/language difficulties affect daily activities at home? _____

At school? _____

Birth & Developmental History

Describe the mother's health during pregnancy: Good Fair Poor

Were there any unusual conditions or problems during the pregnancy or birth? Y or N

If yes, please describe: _____

Was the pregnancy full term? Y or N If no, how early or late? _____

General condition of child at birth?	Good	Fair	Poor
Birth weight: _____ Length of hospital stay: _____			
What special medical attention or treatment did the child receive at birth, if any?			

Breast or bottle-fed? _____ If breast-fed, for how long? _____			
Difficulties with breast-feeding? _____			
Difficulties with bottle-feeding? _____			
Did the child use a pacifier? Y or N If yes, what kind? _____			
Length of pacifier use: _____ Did child suck on thumb/fingers? Y or N			
If yes, length of digit sucking: _____			
Age child introduced to pureed foods? (i.e. rice cereal, stage 1 jar foods, homemade fruit/veggie puree, _____ Soft chewables: _____ Table food: _____			
Difficulties transitioning to different food textures? Y or N If yes, please describe: _____			

Age when weaned off bottle: _____ Type of sippy cup used (hard top, flexible spout, straw, etc.): _____			
Age child drank from open cup: _____			
Would you describe your child as a picky-eater? Y or N If yes, please describe: _____			

Food Allergies: _____			
Currently child: finger feeds uses utensils uses open cup uses straw			
Ages at which the child: sat alone: _____ babbled: _____ crawled: _____			
walked: _____ bladder trained: _____ bowel trained: _____ night trained: _____			

Speech/Language Development

Did the child make babbling or cooing sounds during the first 6 months of life? Y or N

Age of first words: _____ What were they? _____

Did the child keep adding words once he/she started to talk? Y or N If no, please explain:

At what age did the child begin using 2-3 word sentences? _____

Did speech acquisition seem to stop for a period of time? Y or N If yes, please explain:

Does your child: (Please check all that apply)

___ Repeat sounds, words or phrases?

___ Understand what you are saying?

___ Retrieve/point to common objects upon request (i.e. ball, book, teddy)?

___ Follow simple directions (“Come here”, or “Sit down”)?

___ Respond correctly to yes/no questions?

___ Respond correctly to what/who/where/when/why questions?

Your currently communicates using: (Please check all that apply)

___ Gestures (pointing, pulling you towards object)?

___ Sounds (vowels, grunting)?

___ Words (baby, ball, mine)?

___ 2-4 word sentences?

___ Sentences longer than four words?

___ Other _____

Please describe your child’s demeanor/typical behavior: _____
