

## APPENDIX 1-A

### Child Case History Form

#### General Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Does the child live with both parents? \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Brothers and Sisters (include names and ages):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

What languages are spoken in the home? What is the primary language spoken?

With whom does the child spend most of his or her time?

Describe the child's speech-language problem.

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

When was the 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? If yes, how does he or she feel about it?

Have any other speech-language specialists seen the child? Who and when? What were their conclusions or suggestions?

Have any other specialists (physicians, psychologists, special education teachers, etc.) seen the child? If yes, indicate the type of specialist, when the child was seen, and the specialist's conclusions or suggestions.

Are there any other speech, language, or hearing problems in your family? If yes, please describe.

**Prenatal and Birth History**

Mother's general health during pregnancy (illnesses, accidents, medications, etc.).

Length of pregnancy: \_\_\_\_\_ Length of labor: \_\_\_\_\_

General condition: \_\_\_\_\_ Birth weight: \_\_\_\_\_

Circle type of delivery:            head first            feet first            breech            Caesarian

Were there any unusual conditions that may have affected the pregnancy or birth?

**Medical History**

Provide the approximate ages at which the child suffered the following illnesses and conditions:

Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Colds \_\_\_\_\_ Convulsions \_\_\_\_\_ Croup \_\_\_\_\_

Dizziness \_\_\_\_\_ Draining Ear \_\_\_\_\_ Ear Infections \_\_\_\_\_

Encephalitis \_\_\_\_\_ German Measles \_\_\_\_\_ Headaches \_\_\_\_\_

High Fever \_\_\_\_\_ Influenza \_\_\_\_\_ Mastoiditis \_\_\_\_\_

Measles \_\_\_\_\_ Meningitis \_\_\_\_\_ Mumps \_\_\_\_\_

Pneumonia \_\_\_\_\_ Seizures \_\_\_\_\_ Sinusitis \_\_\_\_\_

Tinnitus \_\_\_\_\_ Tonsillitis \_\_\_\_\_ Other \_\_\_\_\_

Has the child had any surgeries? If yes, what type and when (e.g., tonsillectomy, adenoidectomy, etc.)?

Describe any major accidents or hospitalizations.

Is the child taking any medications? If yes, identify.

Have there been any negative reactions to medications? If yes, identify.

**Developmental History**

Provide the approximate age at which the child began to do the following activities:

Crawl \_\_\_\_\_ Sit \_\_\_\_\_ Stand \_\_\_\_\_

Walk \_\_\_\_\_ Feed self \_\_\_\_\_ Dress self \_\_\_\_\_

Use toilet \_\_\_\_\_

Use single words (e.g., *no, mom, doggie*, etc.): \_\_\_\_\_

Combine words (e.g., *me go, daddy shoe*, etc.): \_\_\_\_\_

Name simple objects (e.g., *dog, car, tree*, etc.): \_\_\_\_\_

Use simple questions (e.g., *Where's doggie?* etc.): \_\_\_\_\_

Engage in a conversation: \_\_\_\_\_

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

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

Describe the child's response to sound (e.g., responds to all sounds, responds to loud sounds only, inconsistently responds to sounds, etc.).

**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, etc.)?

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

Provide any additional information that might be helpful in the evaluation or remediation of the child's problem.

Person completing form: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## SPEECH AND LANGUAGE COMMUNICATION CHECKLIST

Student \_\_\_\_\_

Parent(s) \_\_\_\_\_

Grade \_\_\_\_\_

Date \_\_\_\_\_

Please fill out this checklist based on observations of your child at home. Check the appropriate box for each behavior. Feel free to add your comments on the back of this paper. Thanks!!!

Not a prob-  
lem area  
 Problem  
area

### RECEPTIVE LANGUAGE

<input type="checkbox"/>	<input type="checkbox"/>	Is able to follow oral directions.
<input type="checkbox"/>	<input type="checkbox"/>	Says "Huh" or "What" frequently.
<input type="checkbox"/>	<input type="checkbox"/>	Has a short attention span.
<input type="checkbox"/>	<input type="checkbox"/>	Is able to ask for clarification/repetition of a direction(s).
<input type="checkbox"/>	<input type="checkbox"/>	Sometimes appears not to be listening.
<input type="checkbox"/>	<input type="checkbox"/>	Repeats what has been said, rather than responding to the meaning.
<input type="checkbox"/>	<input type="checkbox"/>	Appears not to remember <u>and/or</u> understand what has been said.
<input type="checkbox"/>	<input type="checkbox"/>	Is easily distracted by sounds or noises.
<input type="checkbox"/>	<input type="checkbox"/>	Has difficulty remembering family routines and following directions.

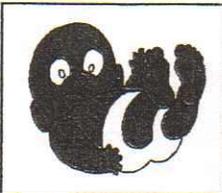
### EXPRESSIVE LANGUAGE

<input type="checkbox"/>	<input type="checkbox"/>	Participates in family discussions.
<input type="checkbox"/>	<input type="checkbox"/>	Uses complete thoughts when speaking.
<input type="checkbox"/>	<input type="checkbox"/>	Uses correct sentence structure and grammar.
<input type="checkbox"/>	<input type="checkbox"/>	Uses logical sequence of ideas to tell a story or relate events.
<input type="checkbox"/>	<input type="checkbox"/>	Appears to grope or struggle for words.
<input type="checkbox"/>	<input type="checkbox"/>	Uses a limited speaking vocabulary.
<input type="checkbox"/>	<input type="checkbox"/>	Below age 7, poor articulation makes speech difficult to understand.
<input type="checkbox"/>	<input type="checkbox"/>	Age 8 or above, articulation errors seem to interfere with academic or social functioning.
<input type="checkbox"/>	<input type="checkbox"/>	Uses appropriate volume, pitch and intonation.
<input type="checkbox"/>	<input type="checkbox"/>	Voice often sounds hoarse or harsh.
<input type="checkbox"/>	<input type="checkbox"/>	Uses rhythmical, fluent speech.

### PRAGMATIC (SOCIAL COMMUNICATION) LANGUAGE

<input type="checkbox"/>	<input type="checkbox"/>	Can carry on a meaningful conversation with adults.
<input type="checkbox"/>	<input type="checkbox"/>	Can carry on a meaningful conversation with peers.
<input type="checkbox"/>	<input type="checkbox"/>	Introduces a topic appropriately.
<input type="checkbox"/>	<input type="checkbox"/>	Makes relevant comments on the topic.
<input type="checkbox"/>	<input type="checkbox"/>	Can take turns in conversations.
<input type="checkbox"/>	<input type="checkbox"/>	Attends to speaker - maintains eye contact, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Can end a conversation appropriately.
<input type="checkbox"/>	<input type="checkbox"/>	Does not seem to understand jokes or abstract remarks.

## Developmental Chart For Hearing and Speech

Yes	No	Hearing and Understanding	Child's Age	Talking	Yes	No
		<ul style="list-style-type: none"> <li>✓ Does your child startle or cry at loud sounds?</li> <li>✓ Does your child smile to friendly voices?</li> <li>✓ Does your child look around for sounds?</li> <li>✓ Does your child recognize mother's voice?</li> <li>✓ Does your child notice toys that make sound?</li> </ul>	<b>0 to 6 Months</b> 	<ul style="list-style-type: none"> <li>✓ Does your child make cooing and comfort sounds?</li> <li>✓ Does your child cry differently for different needs?</li> <li>✓ Does your child make many different types of sounds?</li> <li>✓ Does your child make sounds in response to speech?</li> </ul>		
		<ul style="list-style-type: none"> <li>✓ Does your child listen when spoken to?</li> <li>✓ Does your child turn or look up when you call his/her name?</li> <li>✓ Does your child understand simple requests?</li> <li>✓ Does your child understand a few words or phrases?</li> </ul>	<b>7 Months to 1 Year</b> 	<ul style="list-style-type: none"> <li>✓ Does your child laugh a lot?</li> <li>✓ Does your child shout to get your attention?</li> <li>✓ Does your child make sounds like talking, but without real words?</li> <li>✓ Does your child try to name familiar toys, people or things?</li> <li>✓ Does your child try to imitate words?</li> </ul>		
		<ul style="list-style-type: none"> <li>✓ Does your child recognize the name of many familiar things?</li> <li>✓ Does your child follow simple commands?</li> <li>✓ Does your child listen to simple stories?</li> <li>✓ Does your child recognize pictures of familiar people or objects?</li> </ul>	<b>1 to 2 Years</b> 	<ul style="list-style-type: none"> <li>✓ Has your child started to name pictures?</li> <li>✓ Has your child started to use 1-2 words together?</li> <li>✓ Is your child saying more and more words every month?</li> <li>✓ Does your child use many different consonant sounds at the beginning of words?</li> </ul>		
		<ul style="list-style-type: none"> <li>✓ Can your child answer simple questions about familiar events?</li> <li>✓ Does your child understand most sentences directed to them?</li> <li>✓ Can your child follow 2 step directions?</li> <li>✓ Does your child understand differences in meaning ("go - stop": "in - on")?</li> </ul>	<b>2 to 3 Years</b> 	<ul style="list-style-type: none"> <li>✓ Does your child use 3 to 4 word sentences?</li> <li>✓ Does your child ask "what" and "where" questions?</li> <li>✓ Does your child mispronounce many sounds, but uses some correctly?</li> <li>✓ Does your child use "no" and "not" in phrases?</li> <li>✓ Can you understand your child's speech most of the time?</li> <li>✓ Does your child have a word for almost everything?</li> </ul>		
		<ul style="list-style-type: none"> <li>✓ Does your child hear you when you call them from another room?</li> <li>✓ Does your child hear television at the same loudness level as other family members?</li> <li>✓ Does your child answer simple "who", "what", "why" questions?</li> </ul>	<b>3 to 4 Years</b> 	<ul style="list-style-type: none"> <li>✓ Does your child ask many questions, including why?</li> <li>✓ Does your child use sentences about 4 - 5 words long?</li> <li>✓ Can your child tell a simple story?</li> <li>✓ Can your child generally be understood by strangers?</li> </ul>		

**Find your child's age and answer the questions about their talking, hearing and understanding.**

**All Yes: Good!**

Your child is developing hearing, speech and language normally.

**1-2 No: Caution!**

Your child may have delayed hearing, speech, and language development.

**3 or more No: Action!**

Take your child for professional help.

**No child is too young to be assessed. If you are concerned about your child's development, talk to your physician and ask for a referral to the appropriate health professional.**