

Speech and Language Case History

This information is for school and intermediate school district personnel only. All information is used to identify difficulties your child may be having and improve our ability to serve your child better.

Please complete form and return to: _____

Child's Name: _____ **Age:** _____ **Date of Birth:** _____

Address: _____ **Sex:** _____

Mother: _____ **Phone:** _____

Father: _____ **Alt Phone:** _____

Brothers and Sisters:

Name:	Date of Birth:	Sex:	Grade:	Speech/Other Issues:

Others living in home/relationship: _____

Other languages spoke in the home: _____

Does your child receive daycare? Yes No

Provider: _____ Phone: _____

What are your child's favorite activities? _____

Do you have a pet(s)? (type and name) _____

Prenatal/Neo-Natal History:

Pregnancy/Labor/Birth: No Complications

Complications: (Please be specific, examples such a premature birth, jaundiced, low birth weight, requiring oxygen, also include any health issues within the first two weeks following birth)

Development Age History:

Sitting: _____

First Tooth: _____

Walking: _____

Toilet Trained: Day: _____ Night: _____