



ASSOCIATED
SPEECH &
LANGUAGE
SPECIALISTS

Case History

Child's Name: _____ DOB: _____

Your name and relationship to child: _____

To make the most of your time, please mail or fax this case history prior your initial appointment.

What school does your child attend? _____
What grade is he/she in? _____

Describe, in your own words, the difficulties your child has been experiencing.

When did you first become concerned about your child?

How were his/her difficulties brought to your attention?

How does your child react to his/her difference?

Does your child's performance become better, or worse, in different settings/situations?
___yes ___no. If yes, please describe.

How do family member and friends react to your child's difference?

Do other family members show the same symptom(s) as your child?
___yes ___no. If yes, please state the relationship and his/her symptoms.

How has your child's difference been addressed?

Does your child interact well with peers?
___yes ___no. If no, please explain.

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Saint Paul, MN 55102
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(fax) 651/225-9474

ARDEN HILLS
1260 W County Rd E
Arden Hills, MN 55112
651/639-0942
(fax) 651/639-1718

PLYMOUTH
3001 Harbor Lane N
Suite 120
Plymouth, MN 55447
763/551-3652
(fax) 763/551-1334

MAPLEWOOD
1705 Cope Ave E
Suite G
Maplewood, MN 55109
651/773-3208
(fax) 651/773-0371

Does your child have difficulties with attention?
___yes ___no. If yes, please describe difficulties.

Describe your child's performance in the following academic areas:

Math:

Reading:

Writing:

Does your child like school?
___yes ___no. Does he/she like or dislike a particular subject? Please explain.

Has your child ever received speech, language, or hearing therapy?
___yes ___no. If yes, where and for how long?

List any illnesses, accidents or operations your child has had. Please include when they occurred and the severity.

Has your child's hearing been tested?
___yes ___no. If yes, when, and what were the results?

Does he/she have a history of ear infections?
___yes ___no. If yes, please explain the frequency and when the last infection occurred.

Is your child currently in good health?
___yes ___no. If no, please explain.

Is your child currently taking any medications?
___yes ___no. If yes, indicate what medication and what it is for.

Does your child have a difficult time following directions?
___yes ___no. If yes, please explain.

Has your child had any other evaluations within the last 2 years?
___yes ___no. If yes, when and where was it, and what were the results?

If there is any additional information that you feel will help us understand your child better, please describe below.