



ASSOCIATED
SPEECH &
LANGUAGE
SPECIALISTS LLC

YOUNG CHILDREN CASE HISTORY

Date: _____

Name: _____ DOB: _____

Your name and relationship to child: _____

1. What are your specific concerns about your child's speech and language skills?
2. Were there any issues with the pregnancy and delivery of your child?
3. Did your child have any sucking/swallowing/feeding difficulties in infancy? Does your child have any eating difficulties?
4. Has your child had a history of ear infections? Does he/she have normal hearing? Has your child had an Audiological evaluation? If so, when?
5. Has your child ever been hospitalized or experienced a significant illness?

6. Does your child have allergies? Does your child have any dietary restrictions?

7. Did your child reach physical developmental milestones at expected times?

8. Did your child coo as an infant? Did he/she babble as a toddler? At what age did your child begin using single words? At what age did he/she begin combining words?

9. Does your child attempt to imitate sounds or words?

10. How does your child indicate his/her needs? How does your child get your attention?

11. How does your child indicate yes and no?

12. Does your child readily follow one-step (“go get your shoes”) and two-step directions (“go get your shoes and put them by the door”)?

13. How intelligible is your child to family members? To others?

14. How well do family members understand your child? Others?