



ASSOCIATED
SPEECH &
LANGUAGE
SPECIALISTS LLC

YOUNG CHILDREN FEEDING-CASE HISTORY

Date: _____

Name: _____ DOB: _____

Your name and relationship to child: _____

1. What school does your child attend?
2. What grade is he/she in?
3. Any complications in pregnancy?
4. Any sucking, swallowing, feeding issues? Did he/she transition to textures foods easily?
5. Has your child has any severe illnesses or been hospitalized?
6. Any concerns with hearing or vision? Last hearing test?
7. Is your child currently in good health?
8. Is your child currently taking any medication?
9. How does your child's development compare to that of his/her siblings?

10. Did your child meet physical developmental milestones within typically expected times?
11. Did your child meet speech/language milestone within typically expected times?
12. What are your concerns? Describe the difficulties your child has been experiencing.
13. When did you first become concerned about your child?
14. Are you concerned that your child may not be getting adequate nutrients?
15. Any concerns with child's swallow? Is he/she able to swallow all textures, i.e. water, soft textures, crunchy foods, etc.? Any choking?
16. Does your child have any sensory issues?
17. Does your child demonstrate rigidity/avoidance to change?
18. Does your child exclude certain foods? Textures, colors, temperatures, shapes?
19. Does your child gag when presented with a food or asked to try a new food?
20. What foods does your child eat?
21. What foods does your child avoid?
22. Does your child have an aversion to trying new food?

23. Does/did your child have any difficulties with tooth brushing?
24. Was your child a late talker? Have any difficulty with /k/ or /g/ sound?
25. How does your child react to his/her difference? Does your child eat differently at home? At school? In front of others? Prefer to eat alone?
26. Does your child's performance become better, or worse, in different settings or situations? How?
27. Do family members show any of the same symptoms as your child? Please describe.
28. How has your child's differences been addressed? Has he/she been received any therapy previously? Or in the schools?
29. Has your child had any other evaluations within the last couple years? Results of these?
30. How does your child interact with peers and siblings?
31. Does your child like school?
32. How does your child do with the following directions? 1-step, 2-step, 3-step?
33. Does your child have any speech articulation issues?
34. Any other information that you feel may be helpful?