



ASSOCIATED
SPEECH &
LANGUAGE
SPECIALISTS LLC

SCHOOL-AGE CHILDREN CASE HISTORY

Date: _____

Name: _____

DOB: _____

Your name and relationship to child: _____

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

1. Describe the difficulties your child has been experiencing.
2. When did you first become concerned about your child?
3. How were his/her difficulties brought to your attention?
4. How does your child react to his/her difference?
5. Does your child's performance become better, or worse, in different settings/situations?
___ No ___ Yes. If Yes, please describe.
6. How do family members and friends react to your child's difference?
7. Do other family members show the same symptom(s) as your child? ___ No ___ Yes. If yes, please state the relationship and his/her symptoms.
8. How has your child's difference been addressed?

9. Does your child interact well with peers? ___No ___Yes. If no, please explain.
10. Does your child have difficulties with attention? ___No ___Yes. If yes, please describe difficulties.
11. Describe your child's performance in the following academic areas:
- Math:
- Reading:
- Writing:
12. Does your child like school? ___No ___Yes. Does he/she like or dislike a particular subject? Please explain.
13. Has your child ever received speech, language, or hearing therapy? ___No ___Yes. If yes, where and for how long?
14. List any illnesses, accidents, or operations your child has had. Please include when they occurred and the severity.
15. Has your child's hearing been tested? ___No ___Yes. If yes, when, and what were the results?
16. Does he/she have a history of ear infections? ___No ___Yes. If yes, please explain the frequency and when the last infection occurred.
17. Is your child currently in good health? ___No ___Yes. If no, please explain.

18. Is your child currently taking any medications? ___No ___Yes. If yes, indicate what medication and what it is for.
19. Does your child have a difficult time following directions? ___No ___Yes. If yes, please explain.
20. Has your child had any other evaluations within the last 2 years? ___No ___Yes. If yes, when and where was it, and what were the results?
21. If there is any additional information that you feel will help us understand your child better, please describe below.