

FOR OFFICE USE ONLY
SUPERVISOR'S INITIALS _____
DATE OF EVAL. _____
TIME OF EVAL. _____
C.A.: _____

MERCY COLLEGE
Speech and Hearing Center
Phone: (914) 674-7742
Fax: (914) 674-7597

Case History Questionnaire Child

**THIS FORM MUST BE COMPLETED AND RETURNED BY _____ OR YOUR
EVALUATION APPOINTMENT MAY BE FORFEITED. YOU CAN FAX IT OR MAIL IT BACK IN THE
ENVELOPE PROVIDED. THANK YOU FOR YOUR COOPERATION.**

In your own words, describe your child's communication problem. Please indicate when you first noticed the problem and if there have been any recent changes.

GENERAL INFORMATION

Child's Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-Mail Address: _____

Name of Person Filling Out the Questionnaire: _____

Relationship to Child: _____

Mother's Name: _____

Mother's Occupation: _____

Father's Name: _____

Father's Occupation: _____

Referral Source (e.g., teacher, doctor, etc.): _____

Referral's Name: _____

Address: _____

Contact Phone Number: _____

Permission to contact referral source? Yes ___ No ___ (If yes, please sign consent form)

FAMILY HISTORY

Sibling(s) Name(s): _____ Date of Birth: _____

Other people living in the home: _____ Relationship to the child: _____

What is the child's primary language? _____

Are any other languages spoken in the home? _____

Are there any other family members who have received speech/language therapy services? If yes, please explain.

PRE-NATAL AND BIRTH HISTORY

Describe the mother's general health during the pregnancy. Were there any illnesses, complications, traumas, medication, etc.?

Length of pregnancy: _____ weeks Child's Birth Weight: _____

Substances used during pregnancy: cigarettes ___ alcohol ___ drugs ___ none ___

Vaginal delivery _____ Head first _____ Breech (feet or buttocks first) _____

Caesarean (C-section) _____ If a C-section was done, please explain why.

Were there any complications during or immediately following delivery? If yes, please explain.

Was the baby placed in an incubator? If yes, please explain why.

MEDICAL HISTORY

Describe your child’s current health status.

Has your child suffered any of the following illnesses or conditions? If so, please provide age of occurrence.

Ear infections _____ Asthma _____
Convulsions _____ Seizures _____
Tonsillitis _____ High Fever _____
Other _____

List any allergies that your child has (including food and drug allergies):

Describe any accidents, head trauma, surgeries or hospitalizations that your child has had.

Is your child under a doctor’s care? If so, for what condition? What medications, if any, is your child currently taking?

DEVELOPMENTAL HISTORY

Provide the approximate age at which your child did the following:

Sit up _____ Crawl _____ Stand _____
Walk _____ Become toilet-trained _____

Do you have any concerns about your child’s development in any of the following areas?

Gross Motor (walking, running, physical activities) Yes _____ No _____

Fine Motor (use of pencil, manipulation of objects) Yes _____ No _____

Independent Functioning (eating, dressing self) Yes _____ No _____

If you checked “yes” to any of the above areas, please describe your concerns.

Briefly describe any other concerns you have regarding your child's development.

Has your child ever experienced feeding difficulties (e.g., reflux, sucking, swallowing, drooling, etc.)?

Yes _____ No _____

If yes, please describe.

SPEECH/LANGUAGE/HEARING HISTORY

Provide the approximate age at which your child did the following:

Babbled & vocalized (e.g., ooo-bababa)? _____

Said first word? _____ What was your child's first word? _____

Began putting words together? _____

Began to use simple sentences to communicate (e.g., "Want drink.")? _____

How does your child currently communicate (e.g., gestures, verbally, etc.)?

Does your child follow simple commands? Yes _____ No _____

Does your child seem to understand two and three-step directions? Yes _____ No _____

Does your child seem to understand what is being said to him/her? Yes _____ No _____

Can people outside the immediate family understand your child's speech? Yes _____ No _____

Have your child's speech and language skills been tested in the past? Yes _____ No _____

If so, when and where were they tested and what were the results?

Date of last hearing test? _____ Location of test? _____

Were the results normal? Yes _____ No _____ If no, please explain.

Date of last vision test? _____ Were the results normal? Yes _____ No _____

If no, please explain.

SOCIAL HISTORY

Describe your child’s personality. Would you describe your child as “quiet/shy” or “talkative/friendly”?

Describe how your child interacts with peers.

Describe how your child interacts with adults.

What are your child’s favorite activities/hobbies?

EDUCATIONAL HISTORY

School _____

Current Grade _____

Teacher’s Name _____

Contact Phone Number _____

Does your child have an IEP (Individualized Education Plan)? Yes _____ No _____

If yes, what is the designated disability classification? _____

Is your child receiving any special services in school? Yes _____ No _____ If yes, please list the services.

List any support services/modifications provided in school.

Check any of the following conditions that are of concern to you about your child:

General intellectual level _____ Difficulty with planning and organization _____

Difficulty completing an activity _____ Difficulty adapting to change _____

Easily distracted _____ Difficulty expressing self _____

Inability to concentrate _____ Difficulty with written expression _____

Difficulty reading _____ Difficulty learning/remembering new information _____

Please include any additional information related to the above-noted conditions.

Has your child been tested by any other professionals (e.g., neurologist, developmental pediatrician, occupational therapist)? Yes _____ No _____

If yes, please indicate:

Date of Test	Type of Evaluation	Name of Evaluator	Results/Recommendations

Please provide any additional information that might be helpful in the evaluation and/or remediation of your child's communication abilities.