



Integrity Speech Therapy Case History Form

Family Information

Child's Name: _____ Date of Birth: _____
Father's Name: _____ Occupation: _____
Mother's Name: _____ Occupation: _____
Cell Phone: _____ E-mail: _____
Preferred Method of contact: _____

Child lives with (check one):

☐ Birth Parents ☐ Adoptive Parents ☐ Foster Parents

Other children in the family:

Name & Age: _____

Is there a language other than English spoken in the home? _____

Parent Concerns

Describe the concerns you have about the child's communication skills at this time:

When was the problem first noticed? Please specify date and person(s) who noticed:

Are there any skills the child had learned previously, but can no longer use?

What changes would you like to see in your child's development within the next year? _____

What do you see as your child's strengths? _____



What does your child enjoy playing with or enjoy doing? _____

Speech & Language

Has your child ever had a speech or language evaluation/screening? ☐ Yes ☐ No

If yes, where and when? _____

What were you told? _____

Has your child ever had a hearing evaluation/screening? ☐ Yes ☐ No

If yes, where and when? _____

What were you told? _____

Has your child ever had speech therapy? ☐ Yes ☐ No

If yes, where and when? _____

What was your child working on? _____

Has your child received any other evaluation or therapy (physical therapy, counseling, occupational therapy, vision, etc.)? ☐ Yes ☐ No

If yes, please describe. _____

Have any family members had any speech, language, hearing problems, or learning difficulties? ☐ No ☐ Yes If Yes, who? Please describe:

In what situations does the child have more difficulty communicating?

☐ At Home ☐ At Daycare/Preschool ☐ At School ☐ With Friends ☐ Everywhere

Has the problem changed since it was first noticed? ☐ Yes ☐ No

Approximately how much of your child's speech do you understand?

Less than 10% _____ 25% _____ 50% _____ 75% _____ 90% - 100% _____

Approximately how much of your child's speech do those less familiar with the child understand?

Less than 10% _____ 25% _____ 50% _____ 75% _____ 90% - 100% _____



Additional comments regarding speech and language history?

Birth History

Was there anything unusual about the pregnancy or birth? ☐ Yes ☐ No

If yes, please describe. _____

Were there any drugs or alcohol consumed during the pregnancy? ☐ No

How old was the mother when the child was born? _____

Was the mother sick during the pregnancy? ☐ Yes ☐ No

If yes, please describe. _____

Was the pregnancy full-term or did the baby arrive premature? _____

Additional comments regarding birth history?

Medical History

Serious injury/surgery: _____

Is your child currently (or recently) under a physician's care? ☐ Yes ☐ No

If yes, why?

Does your child take any medications regularly? If yes, please describe.

Has your child had any of the following?

☐ Adenoidectomy

☐ Tonsillectomy

☐ Ear infections, if yes, how often? _____

☐ Ear tubes

☐ Head injury

☐ Meningitis

☐ Sleeping difficulties

☐ Thumb/finger sucking habit

☐ Vision problems

Additional comments regarding medical history?



Developmental History

Please provide the approximate age at which the child acquired the following skills. If you can't remember the age, check the box that best describes when he/she acquired the skill as compared to his/her peers.

Activity	Age	Earlier than Peers	Same Time as Peers	Later than Peers
Babbling (e.g., "ba, ba")				
Use first words				
Put 2-3 words together				
Make sentences				
Put sentences together				
Engage in conversation				
Understand directions				
Sat alone				
Crawled				
Walked				
Potty trained				

Does your child...

- ☐ Frequently put objects in his/her mouth?
- ☐ Repeat sounds, words or phrases over and over?
- ☐ Understand what you are saying?
- ☐ Retrieve/point to common objects upon request (ball, cup, shoe)?

- ☐ Follow simple directions ("Shut the door" or "Get your shoes")?
- ☐ Respond correctly to yes/no questions?
- ☐ Respond correctly to who/what/where/when/why questions?

How does your child currently communicate?

- ☐ Body language.
- ☐ Sounds (vowels, grunting).
- ☐ Words (shoe, doggy, up).
- ☐ 2 to 4 word sentences.
- ☐ Sentences longer than four words.
- ☐ other _____.

How would you describe your child's behavior?

- ☐ cooperative
- ☐ restless
- ☐ attentive
- ☐ poor eye contact
- ☐ willing to try new activities
- ☐ easily distracted/short attention
- ☐ plays alone for reasonable length of time
- ☐ destructive/aggressive
- ☐ withdrawn
- ☐ separation difficulties
- ☐ inappropriate behavior
- ☐ easily frustrated/impulsive
- ☐ self-abusive behavior
- ☐ stubborn



Behavior:

	Often	Sometimes	Never
Does your child seem unusually quiet?			
Does your child seem to be restless or fidgety?			
Does your child get upset easily?			
Does your child rock his/her body?			
Does your child enjoy "messy" play?			
Does your child bump or push others?			
Does your child pinch, bite or hurt oneself?			
Does your child have a difficult time with change?			
Is your child easily distracted?			
Does your child understand personal safety?			
Does your child enjoy the company of other children?			
Does your child enjoy reading or having books read to him/her?			

Additional comments regarding developmental history?

School History

If your child is in school, please answer the following:

Name of school and grade in school: _____

Teacher's name: _____

Has your child repeated a grade? _____

What are your child's strengths and/or best subjects?

Is your child having difficulty with any subjects?

Is your child receiving help in any subjects?

Additional comments regarding school history: