

SPEECH THERAPY PERSONAL HISTORY

Today's Date: _____ Form Completed by: _____

Child's Name: _____

Birthdate: _____ Age: _____ Grade: _____

HEARING HISTORY:

If your child has had ear infections, how were they treated?

	Yes	No		
Tubes	___	___	How many sets?	_____ How long did they last? _____
Antibiotics	___	___	How many courses to clear infection?	_____

Does your child have a history of fluid with no infection? _____

Has your child been diagnosed with eustachian tube dysfunction? _____

Are you or your doctor concerned about your child's hearing? _____

Has your child's hearing been tested? If so where and when? _____

What were the results? _____

SPEECH AND LANGUAGE HISTORY:

At your first appointment, please bring any previous evaluations and/or screening information.

Has your child had a previous speech and language evaluation/screening? _____

If yes, where was this evaluation done and by whom? _____

Has anyone in your family had speech and language difficulties? _____

SPEECH AND LANGUAGE DEVELOPMENT:

If your answer is "yes" on any of the questions, please give an example.

Did your child make babbling and cooing sounds during the first 6 months of life? _____

Did your child babble or coo to your initiation or babble and coo when left alone? _____

Is your child combining words? Two word, three word combinations? _____

Did your child's speech ever stop for a period of time? _____

How does your child communicate? (mostly gestures, mostly noises with gestures, screaming and crying with gestures, one word and gestures, 2 words, 3 words or full sentences). _____

Does your child make sounds incorrectly? _____ If yes, what are they? _____

Can family and friends understand your child? _____

Does your child get stuck, stutter or repeat words or sounds? _____

Can your child say nursery rhymes or tell a short story? _____

Does your child understand what is being said to him/her? _____

Can your child follow directions? _____

Does your child have trouble remembering what you have told him or her? _____

Do you see your child as being frustrated by his/her communication style? _____

What do you do when you cannot understand the message your child is giving you? _____

Have you noticed any changes in your child's communication in the recent weeks or months? _____

Is your child interested in books? _____ Do you have a "book time" at home? _____

Does your child attend playgroups/daycare/preschool? Where? How often? _____

Is it a highly structured or unstructured environment? _____

How does your child interact with peers? _____

Does your child prefer to play along or with others? _____

Has any other specialist (physician, psychologist, special education teacher, etc.) seen your child? _____. If yes, indicate the type of specialist, when your child was seen, and the specialist's conclusions or suggestions. _____

Thank you for your time.