EASTERN KENTUCKY UNIVERSITY

Serving Kentuckians Since 1906

College of Education
Department of Special Education
Communication Disorders Program
Speech-Language-Hearing Clinic

278 Wallace Building
521 Lancaster Avenue
(859) 622-4444
FAX: (859) 622-2247

CHILD HISTORY

IDENTIFYING INFORMATION

Child's Name: _____ Date of Birth: _____ □ Male □ Female
Home Address: _____Home Phone #: _____
_____

Form Completed by: □ Mother □ Father □ Guardian □ Caregiver □ Other: _____

Family Information:
Mother/Guardian's Name : _____ Age: _____ Occupation:_____
Address: _____ Alt. Phone #: (w) _____ (c) _____
Father/Guardian's Name: _____ Age: _____ Occupation: _____
Address: _____ Alt. Phone #: (w) _____ (c) _____

Child lives with (check one):
□ Birth Parents □ Foster Parents □ One Parent
□ Adoptive Parents □ Parent and Step-Parent □ Other _____

Others living in the home:

Name:	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a language other than English spoken in the home: □ No □ Yes: What language(s): _____
If yes: Does the child speak the language? □ No □ Yes
Does the child understand the language? □ No □ Yes
What language does the child prefer to speak? _____
Did the child learn English at the same time as the other language(s)? □ No □ Yes
Please describe the way the child learned English: _____
_____

Referred by: _____

BIRTH HISTORY

Was this child adopted: □ No □ Yes

If yes: at what age? _____ International adoption?: □ No □ Yes: from where? _____

Do you have medical/developmental information prior to adoption? □ Yes □ No (skip to Medical History)

Pregnancy: □ Full term □ Premature Length of pregnancy _____

Mother's health during pregnancy: □ Good □ Fair □Poor: please explain _____

Any complications during pregnancy? □ No □ Yes: please describe: _____

Delivery: □ Vaginal □ Cesarean □ Breech

Were there any conditions that may have affected the delivery? □ No □ Yes

If yes, please explain: _____

Child's Birth Weight_____lbs _____oz.

Child's health at birth: □Healthy □Jaundiced □Other: _____

If complications at or immediately following birth, please describe: _____

_____

MEDICAL HISTORY

Child's Physician: _____ Medical Office Phone: _____

Does the child have any medically diagnosed illnesses or conditions? □ No □ Yes (describe below)

Condition	When Diagnosed	Diagnosed by whom/where
_____	_____	_____
_____	_____	_____

Has the child experienced any of the following:

____ Seasonal allergies; please describe _____

____ Food allergies; please describe _____

____ Frequent ear infections; how was this issue resolved? _____

____ Seizures; please describe _____

____ Frequent colds / congestion / mouth-breathing; please describe _____

____ Feeding issues; please describe _____

____ Sensory processing concerns; please describe _____

____ Abnormally high fever; When?_____ How high? _____ Duration_____

Has the child had any surgeries, serious accidents or hospitalizations? □ No □ Yes

If yes, please explain_____

Is the child currently taking medication? □ No □ Yes

If yes, please list medication(s):

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Has the child received any of the following evaluations or treatment?
□ Hearing □Developmental □Psychological □Physical Therapy
□ Neurological □Occupational Therapy □Behavioral □Vision □other

If yes, please describe results/treatment: _____
_____
_____

Does the child use a hearing aid/cochlear implant? □ No □ Yes; □ left side □ right side □ bilateral
Make_____Model_____

If Yes: Please describe hearing loss: _____
Age when hearing difficulty was first noticed_____ Has it become worse?_____
Is the child currently under the care of an audiologist? □ No □ Yes; Name_____

SPEECH-LANGUAGE HISTORY

What are your concerns regarding the child's speech/language?_____
_____

How does the child currently communicate?

❑ body language ❑ sounds (vowels, grunting) ❑ single words (shoe, doggy, up)
❑ 2 to 4 word sentences ❑ sentences longer than four words. ❑ other _____

Has your child's communication improved, remained unchanged, or become worse?_____

Has anyone on either side of your family ever had a speech/language problem, been slow in talking, or had trouble being understood? □ No □ Yes; please explain:_____

Check any of the following which currently describes your child's speech.

____ Difficult to understand	____ Trouble following directions	____Uses poor grammar
____ Uses gestures instead of language	____ Leaves out words	____ Voice is hoarse
____ Speech is limited to single words	____ Doesn't talk in sentences	____ Stutters
____ Has trouble reading/writing	____ Speech sounds like s/he is talking through nose	____ Difficulties in social situations
____ Has difficulty finding words to say		

When did you first notice your child's speech and language difficulty?_____

Has your child ever been seen for a speech/language evaluation? □ No □ Yes
If yes, by whom?_____ When? _____

At what approximate age did your child do the following?
_____ Babble _____ Say first word _____Combined 2 words

How well is your child understood?
___Easily understood by all ___Understood by others__Understood by family
___Gestures are understood ___Not completely understood by anyone

How does your child respond/react when s/he cannot make himself/herself understood? _____
_____

DEVELOPMENTAL/BEHAVIORAL HISTORY

Did the child meet motor milestones (crawling, walking, running) at the same time as peers?

□ Yes □ No: Please explain _____

_____

Is your child's behavior difficult to manage? □ No □ Yes

If yes, describe:_____

_____

_____

Check any of the following that may describe your child:

❑ uncooperative	❑ restless	❑ hyperactive
❑ limited eye contact	❑ un-willing to try new activities	❑ easily distracted/short attention
❑ plays alone primarily	❑ destructive/aggressive	❑ separation difficulties
❑ withdrawn /shy	❑ easily frustrated/impulsive	❑ inappropriate behavior
❑ stubborn	❑ self-abusive behavior	

How well does your child get along with siblings?_____

Other children?_____

How does the child prefer to play?

❑ alone	❑ with same-aged peers	❑ with adults
❑ with older children	❑ with younger children	❑ other: _____

Does your child tire easily?_____

Does the child seek or avoid certain play situations? □ No □ Yes; please explain _____

_____

EDUCATION

List all schools attended including preschools:

Name of School Location Age Grade Regular/Special Class

_____

_____

_____

Does the child have any specific problems in school? □ No □ Yes; please explain:_____

_____

Has the child ever been referred/evaluated/received special instruction for special education or a learning concern?

□ No □ Yes; please explain: _____

_____

If there are any factors that you feel would help us, which are not covered in this form, please describe below:

_____
_____
_____
_____
_____
_____
_____
_____

What do you see as your child's strengths:

_____
_____

How can the Eastern Kentucky University Speech-Language-Hearing Clinic help your child?

_____
_____
_____

Signature of person filling out form:_____Relationship to child:_____

Date of completion: _____