ECKELMANN-TAYLOR SPEECH AND HEARING CLINIC
Illinois State University

Pre-Language Case History Form

Name ______________________ Date ______________

Date of Birth ______________ Age ____________ Pronouns ______________________

School ______________________ Grade ____________

Native Language ______________________ Primary Language ______________________

Mother's Name ______________________ Father's Name ______________________

Address ______________________ Address (if different) ______________________

______________________ ______________________

Phone ______________________ Phone ______________________

Home Work Cell (CIRCLE ONE) Home Work Cell (CIRCLE ONE)

Alernate Phone ______________________ Alternate Phone ______________________

Home Work Cell (CIRCLE ONE) Home Work Cell (CIRCLE ONE)

Email Address ______________________ Email Address ______________________

Person Completing Form ______________________

Physician's Name ______________________ Phone ______________________

Referred by ______________________

Insurance:

Primary ______________________ Secondary ______________________

Policy # ______________________ Policy # ______________________

Group # ______________________ Group # ______________________

Subscriber Name ______________________ Subscriber Name ______________________

Subscriber DOB ______________________ Subscriber DOB ______________________

Subscriber Phone Number & Address ______________________

FAMILY AND SOCIAL HISTORY

1. List children and adults who live in the home, other than the child's parents.

   Name ______________________ Age ____________

   Name ______________________ Age ____________

   Name ______________________ Age ____________

2. Has any member of the family been seen at the Eckelmann-Taylor Speech and Hearing Clinic? If so, when?

____

3. Is your child currently enrolled in therapy? ____________ If so, where?

____

____

		YES	NO
1.	Does your child exchange and hold eye contact with you during communication?	☐	☐
2.	Does your child visually track moving objects or people?	☐	☐
3.	Does your child respond physically to the actions of others?	☐	☐
4.	Does your child ask for attention in non-verbal ways? (e.g., gestures, facial expressions)	☐	☐
5.	Does your child notice objects? (i.e., indicated by pointing or offering them to another)	☐	☐
6.	Does your child hunt for objects that disappear or pick up objects that are dropped?	☐	☐
7.	Does your child hide objects and then find them?	☐	☐
8.	Does your child imitate movements with objects? (e.g., opening a book, dropping a toy, banging a toy)	☐	☐
9.	Does your child perform appropriate movements with objects? (e.g., rolling a ball, pushing a toy truck, feeding a baby)	☐	☐
10.	Does your child use (play with) two objects together appropriately? (e.g., doll drinking bottle, trucks & people working)	☐	☐
11.	Does your child change an object from one play location to another? (e.g., move a toy cow from a barn to inside a fence)	☐	☐
12.	Does your child use several objects together appropriately in a routine or play activity?	☐	☐
13.	Does your child imitate large body movements? (marching)	☐	☐
14.	Does your child imitate fine motor movements? (clapping)	☐	☐
15.	Does your child imitate vocalizations (babbling) or signs?	☐	☐

16. Does your child produce spontaneous sounds or gestures to indicate wants and needs? Describe these:

____

____

17. Does your child use any words? List those words below: ______________________________

____

COMMUNICATION HISTORY

1. Describe the child's communicative behavior as completely as possible. Include information on use of speech, gestures, facial expressions, etc.

____

____

2. What is the reason for your present concern about the child's communication?

____

____

3. What would you hope to gain through the use of our services?

____

____

4. Has the child had any previous evaluation or help with communication?

Yes ______________ No ____________________ If so, where? ______________________________

When? __________ What was the nature of the help? ______________________________

5. What things have you tried to change about your child's communicative behavior? Describe:

____

____

6. When did you first notice that your child had a communication difficulty? Please explain:

____

____

7. What other communication problems have occurred in your family? Explain:

____

____

8. At what age did your child begin to talk? _________ Imitate sounds? ____________________Words? ______________________

Phrases and short sentences? ___________________

9. Can you recall some of his/her words? ______________________________

____

10. Was there any early feeding difficulty? If so, explain:

____

____

11. Has he/she had any difficulty with chewing or swallowing?

____

____

12. How does the child react to his/her communication difficulty?

____

____

13. How do others react to his/her difficulty?

____

____

14. Can you and other family members understand your child's speech? ________________ Can unfamiliar listeners? ________________

15. If your child does not speak, how does he/she communicate wants and needs?

____

____

16. Does your child's communication behavior change when he/she talks with different people?
(mother, father, brother, sister, teacher, friends, strangers, other children)

____

____

	YES	NO
17. Does your child's speech sound like other children his/her same age?	☐	☐
18. Is your child able to communicate without getting frustrated?	☐	☐
19. Can your child repeat new words?	☐	☐
20. Do you feel your child can hear well?	☐	☐
21. Has his/her hearing been tested? If yes, when? ____________________	☐	☐
22. Do you feel that your child understands what you say to him/her?	☐	☐
23. Does your child relate well to you?	☐	☐
24. Does your child relate well to others?	☐	☐
25. Does your child understand directions given to him/her?	☐	☐
26. Does your child use a variety of words when he/she communicates?	☐	☐
27. Can your child retell a story or sequences of events?	☐	☐
28. Can your child tell when two words rhyme like *mat* and *bat*?	☐	☐

29. What are your child's favorite playthings? ______________________________

____

30. What are your child's favorite activities? ______________________________

____

31. Describe your child's play with his favorite playmates: ______________________________

____

32. Who cares for your child when you are not available? (i.e. babysitter, relative, pre-school, day-care)

____

Where? At home: ____________________ Elsewhere: ____________________

How many times a week is your child in this person's care? ____________________

How does this person react to your child's communication difficulty? ____________________

BIRTH AND DEVELOPMENTAL HISTORY

1. What, if anything, was unusual about the pregnancy or birth?

____

____

2. How long was the pregnancy? 7 mo. __ 8 mo. _______ 9 mo. ______ Other: ____________________
3. Did the mother take any medications during pregnancy? If yes, please explain:

____

4. What was the baby's birth weight? ________ lb. ____________ oz.
5. When did he/she sit unassisted? ______________ Walk? ____________________ Feed himself/herself? ____________________
6. When was toilet training established? ____________________

MEDICAL HISTORY

1. What health problems has your child had (nose, throat, ears, etc.)? ____________________

____

2. Early illnesses and approximate ages:

Measles _____ Chicken Pox _____ Mumps _____

Earaches _____ Epilepsy/seizures _____ Other _____

High Fever _____ How high _____ How long _____

3. Have tonsils, adenoids or both been removed? If so, when?

____

4. Has the child ever been hospitalized? Why?

____

At what age? ________ For how long? ________

5. Please list any other conditions your child has that could affect his or her progress in school.

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