



Children's Case History Form

Date: _____

Person completing form: _____

Identifying Information

Child's Name:		DOB:
Age:	Grade:	Sex:

Mother's Name:		Phone:
Address:		
City:	State:	Zip Code:
Place of Employment:		Occupation:
Father's Name:		Phone:
Address:		
City:	State:	Zip Code:
Place of Employment:		Occupation:

Referred By: _____ Telephone: _____

Primary language spoken in the home: _____

Description of the Problem

When was the problem first noticed?

Who first noticed it?

Under what circumstances did the problem first appear?

Describe as completely as possible your observations of your child's speaking difficulties:

Has the problem changed since onset in either frequency or severity? If yes, please describe.

Have you observed cycles of stuttering since the problem was first observed? If yes, please describe and give time frames if possible.

Have the cycles changed? If yes, please describe how.

How do you typically respond to your child's speech difficulties?

Has anyone drawn negative attention to the problem? If yes, please explain.

Have you previously pursued speech therapy or diagnosis for this problem? If yes, please state where, when, and results.

Listed below are danger signs frequently observed in the speech and history of children who are at risk for developing a stuttering problem. Please indicate which you have observed and the frequency of occurrence where indicated:

Danger Signs	Observed Frequency			
	NEVER	Occasionally	Frequently	Consistently
Multiple part-word repetitions: repeating the first sound or syllable of a word (i.e. t-t-t-table or ta-ta-ta-table)				
Prolongation: stretching out a sound (i.e. m-----ommy)				
“Schwa vowel”: use of the weak vowel; for example, instead of saying “bay-bay-baby” the child substitutes “buh-buh-buh-baby”				

Danger Signs	Observed Frequency			
	NEVER	Occasionally	Frequently	Consistently
Struggle and tension: the child struggles and pushes in his attempt to speak or say a word				
Pitch and loudness rise: as the child repeats or prolongs, the pitch and loudness of the voice increases				
Tremors: uncontrolled quivering of the lips or tongue may occur as the child repeats or prolongs sounds or syllables				
Avoidance: an unusual number of pauses; substitutions of words; interjections of extraneous sounds, words, or phrases; avoidance of talking				
Fear: as the child approaches a word that is difficult, he may display an expression of fear				
Difficulty in starting and/or sustaining airflow or voicing for speech: heard most often when the child begins sentences or phrases; breathing may be irregular and speech may occur in spurts as the child struggles to keep his voice on				
Phonemic consistency: the child exhibits consistent difficulty with specific sounds				

Are there any other family members or relatives who stutter now or have in the past? If yes, who?

Do you feel your child is aware of the speech difficulties? Please give examples of why or why not.

Pregnancy and Birth History

Length of pregnancy: _____

Age of Mother at Child's Birth? _____

Length of labor: _____ Type of Delivery: _____ Birth Weight: _____

Were there any complications during labor and delivery? If yes, please describe.

Were there any problems immediately following birth or during the first two week's of the infant's life (i.e. health, swallowing, sucking, feeding, sleeping, etc)? If yes, please describe.

Has your child had his hearing evaluated? If yes, what were the results? If no, do you have concerns about your child's hearing?

Do you have any other concerns about your child’s speech and language development or skills? If yes, please list:

How would you describe your child’s general physical development?

Developmental and Speech/Language Milestones							
Please check the approximate age at which each of the following behaviors emerged							
Behavior:	6 months	9 months	12 months	18 months	24 months	30 months	36 months
Crawled							
Walked Unaided							
Fed self with spoon							
Babbled and Cooed							
Spoke First Word							
Vocabulary of 25 Words							
Vocabulary of 100 Words							
Vocabulary of 300 words							
Used Two Word Utterances							

Behavior:	6 months	9 months	12 months	18 months	24 months	30 months	36 months
Used Simple Sentences							
Followed Two-Step Directions							
Conversed Easily							
Asked Questions							

Medical History

Are there any additional medical problems/conditions we should be aware of? If yes, please describe.

Does your child exhibit frequent drooling or difficulty with oral movements? If yes, please describe.

At what ages did your child experience any of the following:

Check if "yes"	Illness/Injury	Age	Check if "yes"	Illness/Injury	Age
	Ear Infections			Muscle Disorder	
	Seizures			Nerve Disorder	
	Convulsions			Encephalitis	
	High Fever			Head Injury	
	Meningitis			Concussion	

Behavior

Would you describe your child as any of the following? Please circle all that apply.

Hyperactive

Perfectionistic

Having difficulty concentrating

Slow learning

Overly sensitive

Frequently needing discipline

Sensitive to criticism

School behavior problems

What type of discipline is commonly used in your home?

Educational History

Does your child attend school? If yes, where and how often?

Does your child receive any special services through the school? If yes, please describe.

What is your impression of your child's learning abilities?
