Case History

Speech Assessment Parent/Guardian Questionnaire
Completed by: _____
Date of Completion: _____
Please return to Speech & Language by: _____

Student's Name: _____ **Grade Level:** _____ **Teacher:** _____

Preferred method of contact during school hours: _____

This information is used to better assist in planning assessment and possible treatment for speech & language disorders. If you do not feel comfortable answering a question, please feel free to leave it blank.

I. Background Information

The child lives with: ( ) Birth Parent(s) ( ) Adoptive Parents ( ) Foster Parents ( ) Other: _____

Please list other members of the family/household & related information below.

Name	Age	Gender	Speech/Hearing Difficulty

Please list languages that the child is exposed to in the home and/or speaks below.Please share how you feel the child communicates in each language, (i.e., if the child is bilingual, do you feel he/she is easier to understand in one language over another?)

_____

_____

Has your child previously been evaluated for and/or received speech, occupational, or physical therapy services? If so, please provide dates, locations, and goals (to the best of your knowledge) .

_____

_____

Do you feel that your child has a speech or language issue? If so, please describe.

_____

Does your child exhibit frustration related to communication? If so, please describe.

_____

_____

What do you feel are your child's preferences/interests (academically and/or outside of school)?

_____

_____

What do you feel are your child's strengths (academically and/or outside of school)? What are his/her weaknesses?

_____

_____

_____

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II. Health & Developmental History

Was there anything unusual about pregnancy or birth? _____ If yes, please describe below.

_____

Does the child have a remarkable history in any of the following: Check if so.

Allergies ( ) Ear Infections ( ) Ear Tubes ( ) Head Injury ( ) Seizures ( )

Vision Difficulty ( ) High Fevers ( ) Autism ( ) Other ( ) _____

Please list any medications your child takes regularly.

_____

_____

At what age did your child begin talking? _____ At what age did your child begin to walk? _____

At what age did your child put two words together? _____ At what age did your child grasp crayons? _____

Is there any additional information regarding your child's history that may be helpful for the IEP team/SLP to know (i.e., family member with speech difficulty, hearing loss, IEP, grade retention, or autism). Please describe below.

_____

_____

III. Social/Emotional, Behavioral, Vocational, and Adaptive Living Skills

How would you describe your child's behavior at home as compared to other children of his/her age?

_____

_____

Does your child have friends? Do you feel he or she interacts with friends appropriately? If no, please describe.

_____

_____

Does your child have chores or responsibilities at home? If so, please list.

_____

Does your child complete homework regularly and return it in the appropriate time frame? If no, why do you feel your child struggles with this?

_____

_____

How do you feel your child learns concepts best (by seeing, hearing, hands-on, or a combinations of all)?

_____

What are your concerns about your child's educational progress (including speech and language)?

_____

_____

What is one goal you have for your child?

_____

IV. Additional Information

Please use this space to share any additional information you would like to share regarding your child.

Thank you for completing this case history form. Your input is valuable as you are a member of your child's education team. Your information is of great assistance as I work toward creating an individualized education plan for your child!
Please feel free to contact me at any time regarding the assessment process.

PLEASE RETURN TO: SCHOOL SPEECH AND LANGUAGE RETURN DATE: