



CHILD'S NAME: _____ DATE OF BIRTH: _____

CASE HISTORY FORM

Please note: Your own case history form or a case history within your assessment report may be attached as long as the following details are addressed within the form and the information is current. An alternative case history form is attached

Family Details

Please give details about who the child lives with, siblings and any custody arrangements, etc.

Is there a family history of speech, language, learning difficulties, or developmental delay? No Yes *Please provide details*

Feeding

Did/does your child have difficulty with feeding or eating? (sucking, gagging, reflux, difficulty with solids, limited foods)

No Yes *Please provide details*

Speech and Language Development

Did your child make lots of cooing and babbling sounds ("ba-ba", "ga-ga") before learning to talk? Yes No

How old was your child when they said their first words?

9-18 months 18 months – 2 years 2 – 3 years after 3 years Not yet

How old was your child when they started to combine words to make short, two-word sentences?

18 months – 2 years 2 - 2;6 years 2;6 – 3 years 3 – 4 years Not yet

Motor Development

Approximately how old was your child when they:

Sat _____ Crawled _____ Walked _____

Vision and Hearing

Vision (e.g. date last assessed, results). Not assessed no concerns

Hearing (e.g. date last assessed, results, history of middle ear infection, grommets, etc). Not assessed no concerns

Medical History

Birth History

Medical Conditions, Operations, etc.

Toileting

Is your child toilet trained during the day? Yes No

Other Comments