7231 Forestview Lane North
Maple Grove, MN 55369
763-315-6616
763-234-6616

Case History

Today's Date: _____

Thank you for taking the time to fill out this questionnaire regarding your child. This information will better help us determine your child's strengths and weaknesses prior to the evaluation. If you have any questions please call 763-315-6616. Thank you.

Name:_____ **DOB**:_____

Child's Diagnosis:_____

Person completing this form: _____

School attending/PT/OT/ST: _____

If your child receives school services, please bring a copy of your child's IEP.

Daycare: _____

Any other special services received: _____

Siblings/Pets: _____

What are your child's strengths? _____

What are your child's interests? _____

Please indicate if your child has a history of any of the following?

Medical History	Yes	No	**Please list current/regular Medications:**		
Ear Infections					
Ear Tubes					
Needs hearing aids			**Birth History**	Yes	No
Hearing evaluation completed? When?			Was pregnancy full term?		
Serious illness or injury			Any medications taken during pregnancy?		
Frequent colds or sinus problems			Any complications with delivery?		
Need for eye glasses			Any special care required at birth (i.e. oxygen, intubation)		
Allergies			Comments:		
Upper respiratory infections			Comments:		

History of car sickness			Comments:
Asthma			
Genetic disorder			

Please circle any concerns you have about your child's development:

Understanding directions	Overall Coordination	Social Skills/Interaction w/ others
Understanding what they say	Attention	Play Skills
Ability to express themselves	Independence with self-cares	Fine motor skills
Stuttering	Feeding/Picky eater	Oral Motor
Not Talking	Sensory Issues	Behaviors

Please circle any behaviors that your child may exhibit:

Refusal to do difficult tasks	Hitting or throwing items	Shutdowns
Tantrums	Difficulty separating	Refusal to imitate
Short attention		

Others:_____
_____
_____

Attention:

1. Does your child understand simple routine directions (sit down, come here)? Yes/No
2. Can your child follow multiple step directions (pick up your toys and put them away)? Yes/No
3. When looking at a book or pictures, do they show interest or interaction with story characters in the book? Yes/No
4. How long will they sit for a story? 5 min 10 min 15 min

Speech and Language:

Please circle any concerns you have about your child's speech and language development:

Understanding directions	Ability to express themselves	Not Talking
Understanding what they say	Stuttering	Social Skills
Feeding	Oral Motor Skills	

Speech:
Does your child words to communicate? If no, move on to Receptive Language.

How much of the time do you understand your child's talking?
0-25% 25-50% 50-75% 75-100%

Do you understand more or less as sentence length increases?

Receptive Language:
Does your child look at the person who is talking to him or her? Yes/No
Does your child understand simple routine directions (sit down, come here)? Yes/No
Does your child respond to words like "stop" or "wait"? Yes/ No

Expressive Language:
Does your child try to gain your attention to show you things? Yes/ No
Does your child use more words or gestures to let you know what he or she wants?

A. Words B. Gestures

Does your child use words to:
Ask for something he/ she wants to do or for a desired object? Yes/ No
Ask for help? Yes/ No

Social Skills:
Is your child able to easily:
a. Making friends? Yes/ No b. Keeping Friends? Yes/ No
Does your child participate in pretend play? Yes/ No
Does your child play with peers? Yes/ No
Does your child use eye contact? Yes/No

Feeding/Oral Motor:
1. Does your child cough when drinking or eating? Yes/No
2. Does your child put toys/objects in his or her mouth? Yes/No
3. Does your child drool? Yes/No
4. Is your child a picky eater? Yes/No
5. Does your child use a spoon or fork independently? Yes/No

List 3 meats that your child will eat:

_____

List 3 breads/starches that your child will eat:

_____

List 3 vegetables/ fruits that your child will eat:

_____

Anything else you would like to share about your child's communication, skills or development?

_____
_____
_____
_____
_____