Speech and Language Connections
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 with 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 Skills
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:_____
_____
_____

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

_____
_____
_____
_____
_____
_____
_____