SCHOOLOF SPEECH AND HEARING SCIENCES
& R O O H J H ' U L Y H G + D W W L H V E X U J 0 6 -0001
3 K R Q H G) D [Z Z ZX V P H G XG V K V

APPLICATION FOR ASSESSMENT

Child Case History . It is important that you
n applicable questions completely and accurately as possible. Please return this form to the Speech
athology Clinic at the above address so we can schedule your appointment.

NFORMATION:

e: _____ DOB: _____ Gender: _____

_____ Phone: _____

rdian _____ Email: _____ DOB: _____

_____ Employer: _____ Phone: _____

rdian _____ Email _____ DOB: _____

_____ Employer: _____ Phone: _____

ifferent from child: _____

eted by: _____ Are you the biological parent? _____

n: _____

guage spoken in the home: _____

this clinic by: _____ Phone _____

sician: _____ : Phone _____

hildren in the home:

	Age	Gender	Grade	Speech, Hearing, Medical Problems

STATEMENT OF THE PROBLEM

Describe concerns about your child's communication skills (fluency, articulation, language, voice).

_____

_____

When was the problem first noticed? _____

By whom? _____ What do you think cauj 0 Tc 05B0j -0.01 Tc 0.01 Tw 0.217 0 Td [(c60.7 (e)-6 Tc 0.

SPEECH-LANGUAGE HISTORY

Did your child babble and coo during the first six months? _____

Age of first meaningful words: _____ Did child continue adding words? _____

When did child put/use two words together? _____

Did speech learning ever seem to stop for a period? _____

Has there been a change in speech in the last six months? (Describe) _____

_____

How many words are presently in the child's vocabulary? Under 25 ____ 25-50 _____ Over 50 _____

Does child use speech frequently? _____ Is child aware of speech difference? _____

Does child prefer to communicate with gestures? _____ sounds? _____

1 or 2 words? _____ phrases? _____ conversation? _____

How well is the speech understood by parents? _____ siblings? _____

playmates? _____ others? _____

What is child's reaction to their speech? _____

HEARING

Does/did child look at family members when they are named? _____

Does/did child point to common objects when asked "Show me the _____?" or "Where is the _____?

Describe: _____

Does child follow multi step directions? _____

PLEASE CHECK THE APPROPIATE COLUMN UNDER "YES" OR "NO": NO YES

Generally indifferent to sound:	( )	( )
Lack of response when spoken to:	( )	( )
Responds to noise, not voice:	( )	( )
Turns devices too loud, talks too loud or too soft:	( )	( )

Do you think child hears adequately? _____ If not, describe? _____

_____

ENVIRONMENTAL BACKGROUND:

Please list any familial medical/education concerns: birth defects, difficulty in school, reading problems, intellectual disability, mental illness, learning disabilities, cerebral palsy, neurological disorders/seizures, speech disorders, vision problems? Please describe below:

_____

_____

PREVIOUS ASSESSMENTS:

Please bring copies of all reports or IEPs

Has your child received any of the following assessments? Please indicate:

_____ Hearing _____ Speech and Language _____ Psychological _____ Neurological

_____ Occupational Therapy _____ Physical Therapy _____ Vision _____ Developmental

If so, please state when the assessment was conducted, by whom and for what reason:

Type of Exam	Date	By Whom	Reason for Exam

_____

_____

If we have permission to request these reports, please sign here.

Signature: _____ Date: _____

Please provide any additional information that might be helpful in the assessment of your child:

_____

_____

How do you expect the USM Speech-Language Pathology Clinic to help your child? _____

_____