



Speech and Language Services

1540 South 70th Street, Suite 101
Lincoln, NE 68506

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CASE HISTORY: Ages 8-18

Student's name:				Birthdate:		Age:		Gender:	
Address:					City, State, Zip:				
Current school:				Address:				Grade:	
Mother's name:			Email:				Phone:		
Father's name:			Email:				Phone:		
Emergency contact:				Relationship:			Phone:		
Referring physician:				Name of clinic:			Phone:		
Concerns that prompted the referral:									
Previous or current diagnosis:									
What services are you seeking from our clinic:									
How did you hear about Communication Works?									

FAMILY HISTORY

Student currently lives with:				Primary language spoken in the home:						
Stressful situations student has experienced within the last year:										
Family members (e.g., mother, grandfather, brother) that have a history of:										
Speech challenges:							ADHD:			
Reading, writing or other learning challenges:							Autism:			
Cognitive disability:			Mental illness:			Hearing loss:				
Amount of time spent with technology each day		Gaming:		TV:		YouTube:		Texting:		

PREGNANCY/BIRTH HISTORY

Length of pregnancy:			Mother's age at delivery:			Birth weight:				
Complications during pregnancy or at birth:										

MEDICAL HISTORY

Head injury/concussion:	Age of occurrence:			Severity:			Cause:			
Medical testing (e.g., CT scan, genetics) and results:										
Syndromes (e.g., Down, Turner):										
Serious illnesses, surgery, or bodily injuries:										
Chronic conditions (e.g., asthma, allergies, seizures):										
Physical disabilities:										
Hearing/vision problems:										
Unhealthy eating habits (anorexia, bulimia, overeating):										
Self-injurious behavior:										
Medications:										
Other:										

COMMUNICATION/ACADEMIC/SOCIAL HISTORY (Check the word that best describes your student, considering your student's age)

Speech sound errors interfere with ability to be understood	Often	Sometimes	Rarely/never
Sounds like s/he is stuttering	Often	Sometimes	Rarely/never
Repeats what others say, but with no apparent meaning	Often	Sometimes	Rarely/never
Perseverates on ideas or preferred topics	Often	Sometimes	Rarely/never
Difficulty sequencing/organizing ideas to relate a story or event	Often	Sometimes	Rarely/never
Difficulty following directions or conversations	Often	Sometimes	Rarely/never
Difficulty starting or maintaining a conversation	Often	Sometimes	Rarely/never
Difficulty learning new things	Often	Sometimes	Rarely/never
Difficulty with reading comprehension	Often	Sometimes	Rarely/never
Difficulty with writing skills	Often	Sometimes	Rarely/never
Increased effort/time required to complete homework	Often	Sometimes	Rarely/never
Attitude toward school and learning	Negative	Indifferent	Positive
Difficulty attending/maintaining focus	Often	Sometimes	Rarely/never
Distractible/impulsive	Often	Sometimes	Rarely/never
Unorganized/lack of planning/difficulty completing tasks	Often	Sometimes	Rarely/never
Easily frustrated	Often	Sometimes	Rarely/never
Disobedient/defiant/uncooperative/resistant	Often	Sometimes	Rarely/never
Aggressive toward people (e.g., hits, pushes, kicks)	Often	Sometimes	Rarely/never
Destructive toward property (e.g., breaks items on purpose)	Often	Sometimes	Rarely/never
Has difficulty telling the truth	Often	Sometimes	Rarely/never
Makes poor choices at home and/or school	Often	Sometimes	Rarely/never
Fearless/overconfident	Often	Sometimes	Rarely/never
Indecisive/fearful/anxious	Often	Sometimes	Rarely/never
Unusual body movements (e.g., spins, rocks, twirls, flaps hands)	Often	Sometimes	Rarely/never
Avoids eye contact/tends to ignore others	Often	Sometimes	Rarely/never
Teased or not accepted by other kids	Often	Sometimes	Rarely/never
Has difficulty making/keeping friends	Often	Sometimes	Rarely/never

OTHER SERVICES (Please identify services that have been, or are still being provided by other agencies/persons.)

Type of Service	Name of Provider/Agency	Times/week or month	Age service began	Age service ended
Speech therapy				
Special education				
Occupational therapy				
Physical therapy				
Psychologist				
After school care				
Other				

Please provide the most recent reports and documentation from the above agencies so we may plan appropriate services for your student. You may email, fax, or send the information with this Case History. Or, you may ask providing agencies to send the information to: *Communication Works, 1540 South 70th St, Lincoln NE 68506. Fax: 402-904-7651.* Thank you!

Signature of person completing case history

Relationship to student

Date