communication works

Speech and Language Services
1550 South 70th Street, Suite 200
Lincoln, NE 68506

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CASE HISTORY: Children Ages 0-7

Child's name		Birthdate		Age		Gender	
Address		City, State, Zip					
Mother's name		Email		Phone			
Father's name		Email		Phone			
Emergency contact		Relationship to child		Phone			
Referring physician		Address					
Child's strengths							
Concerns regarding child's communication							
Concerns regarding sensory issues							
What services are you seeking from our clinic?							
How did you hear about Communication Works?							

SERVICES

Services that have been, or are still being provided by the school or other agencies/persons.

Type of Service	Agency	Name of Provider	Times per week or month	Age or date service began	Age or date service ended
Speech therapy					
Occupational therapy					
Physical therapy					
Day care					
Preschool					
Psychologist					
Other					

Previous or current diagnosis					
Does your child have an established IEP?					
School		Teacher		Grade	

FAMILY HISTORY

Child currently lives with		Interactions with siblings	
Child's favorite activities/toys/books			
Opportunities to be with other children		Primary language spoken in the home	
Stressful situations child has experienced in the last year			
Identify child's family members (e.g., mother, grandfather, brother) that have a history of:			
Speech challenges (e.g., stuttering, late talker, lisp			
Reading, writing, or other learning challenges		ADHD	
Mental illness		Autism	
Cognitive disability		Hearing loss	

PREGNANCY/BIRTH HISTORY

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

MEDICAL HISTORY

Please check and explain all that apply.

☐	Serious illness or bodily injury		
☐	Head injury or concussion		
☐	Surgeries		
☐	Physical disabilities		
☐	High fevers		
☐	Seizures		
☐	Medications/dietary supplements		
☐	Known food allergies		
☐	Special diet (GFCF, Ketogenic, pureed food only, tube feeding, etc.		
☐	Eating/swallowing problems		
☐	Thumb sucking/pacifier use past age two		
☐	Allergies/asthma		
☐	More than three ear infections		
☐	Tubes in ears	Number of sets and ages	
☐	Hearing loss/hearing aids/cochlear implants		
☐	Vision problems/eye glasses		
☐	Chronic conditions		
☐	Results of medical testing		
☐	Hospitalizations and length of stay		
☐	Medical precautions		

COMMUNICATION HISTORY

When did child:	Babble		Say first real words		Combine 2 words	
Did child start talking and then stop adding new words/phrases?			If so, at what age did that occur?			
If child has fewer than 15 words, what are they?						
What are the child's primary methods of communication at this time? Check all that apply.						
☐ Cry/scream	☐ Point/gesture	☐ Sounds	☐ Words	☐ Phrases	☐ Sentences	
Check the word that best describes your child, taking into account your child's current age.						
	Gets confused; has difficulty following simple directions	☐ Often	☐ Sometimes	☐ Rarely/never		
	Speech 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		
	Teased by other children due to speech/language errors	☐ Often	☐ Sometimes	☐ Rarely/never		
	Has reversals in writing with b/d or p/q past first grade	☐ Often	☐ Sometimes	☐ Rarely/never		
	If learning to read, has trouble with decoding	☐ Often	☐ Sometimes	☐ Rarely/never		
	If learning to read, has trouble with reading comprehension	☐ Often	☐ Sometimes	☐ Rarely/never		
List sounds or words child has trouble saying						

DEVELOPMENTAL HISTORY

When did child:	Roll over		Sit alone		Creep on all 4's	
	Walk		Jump		Hop on 1 foot	
	Finger feed		Eat with a spoon		Cut with a knife	
	Cut with scissors		Ride a bike			
	Show hand preference		Prefers:	☐ Right	☐ Left	☐ Both

Check the amount of assistance your child needs to complete self-care tasks.

Puts on pants	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Takes off pants	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Puts on shirt	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Takes off shirt	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Buttons	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Zips	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Snaps	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Puts on shoes	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Takes off shoes	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Ties shoes	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Puts on socks	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Takes off socks	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Toileting	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Bathing routine	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Brushes teeth	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Scoops with a spoon	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Spears with a fork	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Drinks from an open cup	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time
Drinks from a straw	☐	Independent	☐	Needs Assistance 50% of time	☐	Assisted 100% of time

SOCIAL HISTORY

Check the word that best describes your child, taking into account your child's current age.

Separates from parent with ease	☐	Often	☐	Sometimes	☐	Rarely/never
Attends to other people	☐	Often	☐	Sometimes	☐	Rarely/never
Makes eye contact with others	☐	Often	☐	Sometimes	☐	Rarely/never
Likes to cuddle	☐	Often	☐	Sometimes	☐	Rarely/never
Tolerates changes in routine	☐	Often	☐	Sometimes	☐	Rarely/never
Tolerates running errands in the community	☐	Often	☐	Sometimes	☐	Rarely/never
Enjoys eating in restaurants	☐	Often	☐	Sometimes	☐	Rarely/never
Enjoys family gatherings	☐	Often	☐	Sometimes	☐	Rarely/never
Enjoys peer events like birthday parties	☐	Often	☐	Sometimes	☐	Rarely/never
Plays appropriately with age-level toys	☐	Often	☐	Sometimes	☐	Rarely/never
Has a quiet demeanor	☐	Often	☐	Sometimes	☐	Rarely/never
Exhibits happiness	☐	Often	☐	Sometimes	☐	Rarely/never

BEHAVIOR HISTORY

Check the word that best describes your child, taking into account your child's current age.

Overly active/restless		Often		Sometimes		Rarely/never
Inattentive/distractible		Often		Sometimes		Rarely/never
Impulsive		Often		Sometimes		Rarely/never
Clumsy		Often		Sometimes		Rarely/never
Talks a lot, even if no one is paying attention		Often		Sometimes		Rarely/never
Tires easily		Often		Sometimes		Rarely/never
Fearful		Often		Sometimes		Rarely/never
Fearless		Often		Sometimes		Rarely/never
Gets easily frustrated		Often		Sometimes		Rarely/never
Stubborn		Often		Sometimes		Rarely/never
Disobedient/defiant/uncooperative		Often		Sometimes		Rarely/never
Has temper tantrums		Often		Sometimes		Rarely/never
Shows aggression toward others (e.g., bites, hits, kicks)		Often		Sometimes		Rarely/never
Destructive toward objects (e.g., breaks toys on purpose)		Often		Sometimes		Rarely/never
Engages in self-injurious behavior (e.g., head banging)		Often		Sometimes		Rarely/never
Unusual body movements (e.g., spins, rocks, flaps hands)		Often		Sometimes		Rarely/never
Exhibits nervous tics/habits		Often		Sometimes		Rarely/never
Difficulty going to bed at a regular time		Often		Sometimes		Rarely/never
Difficulty falling asleep		Often		Sometimes		Rarely/never
Difficulty sleeping through the night		Often		Sometimes		Rarely/never
Sluggish in the morning		Often		Sometimes		Rarely/never
Wets the bed		Often		Sometimes		Rarely/never

Is there additional information you wish to share about your child?

So we may plan the most appropriate services for your child, please provide the following documentation:

- Most recent speech-language reports
- Most recent occupational therapy reports
- Most recent MDT reports
- IFSPs
- IEPs
- Pertinent medical information

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Name of person completing case history	Relationship to Child	Date