



a speech path

Speech, Language
and Communication Therapy

Date: ____ / ____ / ____

PRESCHOOL SPEECH AND LANGUAGE HISTORY FORM

General Patient Information

Patient Name: _____

Date of Birth: _____

Pediatrician: _____

Date Last Seen by Pediatrician: _____

Other specialists who have worked with this child: _____

Primary concerns or reasons for seeking services: _____

Health & Developmental History

Length of pregnancy: _____

Child's birth weight: _____

Any illnesses, injuries, or complications during the pregnancy/delivery? yes no

Were there any concerns following the child's birth? yes no

Has this child had any serious illnesses or injuries? yes no

Describe: _____

Is the child taking any medications? yes no

Details: _____

Has hearing been tested? yes no Results: _____

Has vision been tested? yes no Results: _____

Has this child had repeat ear infections? yes no

If P.E. tubes were ever placed, by whom and when: _____

Is there a family history of speech, language, or learning problems? yes no

If yes, explain: _____

Does this child have a history of problems with chewing, feeding, swallowing, or drooling? yes no

Has this child been given any previous diagnosis? yes no

Developmental Milestones

Please note at what age this child first:

Sat alone _____

Spoke first word _____

Crawled _____

Was toilet trained _____

Walked _____

Health or Developmental Concerns

- Behavior
- Attention/concentration
- Social interactions
- Eye contact
- Self-help skills
- Play skills
- School achievement
- Interest in a variety of activities
- Gross motor skills (walking, sitting, jumping)
- Fine motor skills (drawing, writing, object manipulation)
- Balance/coordination
- Physical health
- Hearing
- Vision
- Diet/eating
- Other: _____

Additional information: _____

Educational/Academic

Does your child currently attend school? yes no

Name of school: _____

At what age did your child first start attending school? _____

Have there been any concerns as noted by teachers? yes no

If yes, please explain: _____

Speech and Language History

What prompted your concerns regarding this child's speech and/or language development?

Has the child received previous speech and language therapy? yes no

What languages are spoken in the home? _____

If your child is learning more than one language, does the child use/understand both? yes no

Please describe: _____

Receptive Language/Comprehension

Do you have concerns about your child's ability to understand what others are saying to him/her? yes no

Your child is able to (please check all that apply):

- follow single step directions
- follow two-step directions
- follow routine directions
- follow new/unfamiliar directions
- identify body parts
- identify colors
- point to objects in books

Expressive Language

Please note at what age this child first:

Babbled	_____	Used longer phrases/sentences	_____
Used single words	_____	Named simple objects	_____
Put two words together	_____	Used simple questions	_____

How does your child communicate wants and needs?

- gestures sign language single spoken words short spoken phrases spoken sentences

Play Development

Does your child play with a variety of toys? yes no

Does your child make sound effects when playing? yes no

Does your child play alongside other children? yes no

Does your child engage in joint activities with other children? yes no

Does your child engage in pretend play? yes no

What are your child's preferred activities? _____

Articulation/Pronunciation

How much of this child's speech is understood by:	<u>All</u>	<u>Most</u>	<u>Some</u>	<u>None</u>
Mom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this child experience frustration when not understood by others? yes no

Observations: _____

Are there specific articulation/pronunciation errors that concern you?

Describe: _____

Is there anything else you would like me to know?

