



UNIVERSITY OF KENTUCKY
SPEECH LANGUAGE PATHOLOGY

SPEECH LANGUAGE EVALUATION HISTORY FORM

Medical Record # _____

I. GENERAL INFORMATION

Child's Name: _____ Today's Date: _____

Birth Date: _____ Child's Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Father's Name: _____ Age: _____ Education: _____

Occupation: _____ Phone: _____

Email: _____

Mother's Name: _____ Age: _____ Education: _____

Occupation: _____ Phone: _____

Email: _____

Family Physician: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Description of Problem (Reason for coming to our clinic): _____

Brothers and Sisters (include names and ages): _____

Describe any speech, hearing or language problems in the family: _____

Speech Language Evaluation History Form - Child, *continued*

II. LANGUAGE SPOKEN IN THE HOME

Is there a language other than English spoken in the home? Yes No
Does the child speak the language? Yes No
Does the child understand the language? Yes No
Who speaks the language? _____
Which language does the child prefer to speak at home? _____

III. BIRTH HISTORY

Mother's general health during pregnancy (including accidents and illnesses): _____

Length of Pregnancy: _____ Birth Weight: _____ lbs. _____ oz.
Length of Labor: _____ Medications: _____
Age of Mother at Birth: _____ Age of Father: _____
Birth difficulties and /or injuries: _____

Delivery: (circle one) Head First Feet First Caesarean Breach
Feeding Problems: _____

IV. MEDICAL HISTORY (Fill in approximate age as well as number of incidents)

_____	Tonsillitis	_____	Strep Throat
_____	Ear Discharge	_____	Hearing Problems
_____	Measles	_____	Earaches
_____	Pneumonia	_____	Paralysis
_____	Whooping Cough	_____	Mumps
_____	Seizures / Convulsions		

Hearing test: (circle one) Yes No When: _____
Where: _____
Results: _____

Speech Language Evaluation History Form - Child, *continued*

(**Please also provide hearing test results if applicable**)

Other: _____

Accidents: _____

Operations: _____

Medical Diagnosis: _____

Medications: _____ Allergies: _____

V. DEVELOPMENTAL HISTORY (Fill in appropriate age)

Crawling: _____ Sitting: _____ Standing: _____

Walking: _____ Feeding Self: _____ Dressing Self: _____

Completely Toilet Trained: _____ Hand Preference: _____

Does he/she have any difficulty walking, running or throwing? (Describe): _____

Other Developmental Problems: _____

Does he/she use assistive equipment (i.e., wheelchair, hearing aids, etc. Please specify): _____

VI. SPEECH, HEARING AND LANGUAGE BEHAVIOR

(Please fill in Yes or No with the Appropriate Age)

Did child babble / coo: _____ Used first single words: _____

Combined words: _____

Does child understand gestures: _____ Speech: _____

Does child use words to make his needs known? _____

Gestures: _____

What was your first indication that a problem existed? _____

Give place and date of any previous speech/language, educational, psychological or hearing test: (Please attach reports if available): _____

VII. CURRENT SPEECH-LANUAGE-HEARING

Does your child...

- repeat sounds, words or phrases over and over?
- understand what you are saying?
- retrieve/point to common objects upon request (ball, cup, shoe)?
- follow simple directions ("Shut the door" or "Get your shoes")?
- respond correctly to yes/no questions?
- respond correctly to who/what/where/when/why questions?

Your child currently communicates using...

- body language.
- sounds (vowels, grunting).
- words (shoes, doggy, up).
- 2 to 4 word sentences.
- sentences longer than four words.
- other _____.

Behavioral Characteristics:

- | | |
|---|-----------------------------------|
| cooperative | restless |
| attentive | poor eye contact |
| willing to try new activities | easily distracted/short attention |
| plays alone for reasonable length of time | destructive/aggressive |
| separation difficulties | withdrawn |
| easily frustrated/impulsive | inappropriate behavior |
| stubborn | self-abusive behavior |

VIII. EDUCATIONAL HISTORY

Current School (or preschool program): _____

Previous School(s): _____

Grade: _____ Teacher: _____

Is he/she enrolled in special education? _____

Speech Language Evaluation History Form - Child, *continued*

Please list any additional information that may be beneficial in completing assessment of this child:

Signature/Relation to child