

# Accent On Speech

Student  
Speech /Language Case History

Date: \_\_\_\_\_

Interviewer: Cathy A. Runnels

Client Name:

DOB:

	Name	Age	Grade/School/Occupation
Client	_____		
Parent / Guardian :	_____		
Mother	_____		
Father	_____		
Siblings:	_____		
	_____		
	_____		

Others in Household: \_\_\_\_\_

## Pregnancy:

Length \_\_\_\_\_

Parental Illnesses \_\_\_\_\_

Medications \_\_\_\_\_

Other Complications \_\_\_\_\_

## Labor / Delivery:

Duration of labor \_\_\_\_\_

Birth weight \_\_\_\_\_

Unusual circumstances / Special procedures \_\_\_\_\_

## Condition Following Birth: (Include details)

Jaundice \_\_\_\_\_

Respiratory Distress \_\_\_\_\_

Transfusions \_\_\_\_\_

Feeding Problems \_\_\_\_\_

Incubator \_\_\_\_\_

Other \_\_\_\_\_

**Health History** : (Include details)

Sinusitis \_\_\_\_\_  
 Allergies \_\_\_\_\_

Frequent colds or sore throats \_\_\_\_\_  
 Reflux \_\_\_\_\_

Serious diseases, infections, high fevers \_\_\_\_\_  
 \_\_\_\_\_

Serious Accidents \_\_\_\_\_  
 \_\_\_\_\_

Other health problems \_\_\_\_\_  
 \_\_\_\_\_

Ear Infections \_\_\_\_\_

Give age of onset, frequency, treatment \_\_\_\_\_  
 \_\_\_\_\_

Last hearing test? \_\_\_\_\_  
 When / Date \_\_\_\_\_ Where \_\_\_\_\_

Results \_\_\_\_\_

Is client currently taking any medication? (Specify) \_\_\_\_\_  
 \_\_\_\_\_

Any difficulty in sucking, swallowing, chewing? (Specify) \_\_\_\_\_  
 \_\_\_\_\_

Avoid any particular foods or textures? (Specify) \_\_\_\_\_

Any problems sleeping? \_\_\_\_\_ (Specify) \_\_\_\_\_

In comparison with children of same age, do you consider child to be:  
 Underactive \_\_\_\_\_ Overactive \_\_\_\_\_ Average \_\_\_\_\_

Any thumb or finger sucking \_\_\_\_\_ When \_\_\_\_\_

History of pacifier, sippy-cup, etc \_\_\_\_\_ Ages stopped \_\_\_\_\_

**Developmental History** - (Note age at which milestones achieved)

Sat unsupported \_\_\_\_\_ First words \_\_\_\_\_  
 Crawled \_\_\_\_\_ Specify \_\_\_\_\_  
 Walked alone \_\_\_\_\_ Combined two words \_\_\_\_\_  
 Climbed stairs \_\_\_\_\_ Talked in sentences \_\_\_\_\_  
 Toilet trained \_\_\_\_\_

How would you describe child's motor coordination? \_\_\_\_\_  
 \_\_\_\_\_

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**Functional Life Skills**

Washes/ dries hands \_\_\_\_\_  
 Helps dress himself \_\_\_\_\_  
 Buttons/ Zippers \_\_\_\_\_  
 Completes simple chores \_\_\_\_\_  
 Specify \_\_\_\_\_

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**Speech/Language Development**

When did you first notice a problem? \_\_\_\_\_  
 What made you think there was a problem? \_\_\_\_\_

What are your concerns about your child's speech now? \_\_\_\_\_  
 \_\_\_\_\_

Do members of family understand child? \_\_\_\_\_

Do outsiders understand child? \_\_\_\_\_

Does child understand what is said to him? Yes/no

Does child follow directions? Yes/ no How many steps \_\_\_\_\_

Can child answer questions? Yes/no

Approximately how many words does the child use? \_\_\_\_\_

What is the length of typical utterance? \_\_\_\_\_

1 word \_\_\_\_\_ 2 words \_\_\_\_\_ 3 words \_\_\_\_\_ 4 words \_\_\_\_\_ 5 words \_\_\_\_\_

Can child recall frequently heard songs or rhymes? Yes/no

Does child use gestures to aid in communicating? Yes/no

Are other languages spoken in the home? (Specify details) \_\_\_\_\_  
 \_\_\_\_\_

Does child speak or understand other languages? (Specify details) \_\_\_\_\_  
 \_\_\_\_\_

Is there a history of speech/language problems with brothers and sisters or other family members? (Specify) \_\_\_\_\_  
 \_\_\_\_\_

Have you noticed improvement in child's speech or language in last 3 – 6 months? \_\_\_\_\_  
 Describe \_\_\_\_\_  
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**Social History**

Where and with whom does child spend major portion of the day? \_\_\_\_\_

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Summarize daily routine of child \_\_\_\_\_

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If child is in preschool, describe adjustment and progress \_\_\_\_\_

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What is his favorite toy/game/sport and how does (s)he play with it?

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How does child play with other children? \_\_\_\_\_

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List activities child enjoys doing \_\_\_\_\_

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Do you have any concern about your child's behavior? \_\_\_\_\_

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What discipline does child respond best to? \_\_\_\_\_

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Describe any traumatic or disruptive events the child has experienced (deaths, divorce, family crisis, etc.) \_\_\_\_\_

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Any additional information you feel will help understand your child better

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