

Case History

Name-----

D.O.B: -----

Please give as much detail as you can about your child. This information will be used to inform the assessment process. The form will be kept in your child's file.

Birth History

Please include details about: the pregnancy, the birth and any post natal problems.

Developmental Milestones

Please include details about your child's developmental milestones e.g. walking, first words, toilet training, eating and drinking.

Medical

Please include details about your child's health, any medical conditions, regular medication, hearing test results, sleeping problems.

Family History

Please include information about any other family members who have experienced speech, language and communication difficulties.

Family Details

Please state the child's position in the family and the names and ages of siblings.

Languages Spoken at Home

Please indicate your child's first language and any other languages spoken at home.

General Progress

Please include information about your child's progress in other areas e.g. literacy, fine and gross motor development, social interaction, behaviour.

Involvement of Other Professionals

Please include details about any other professionals involved with your child including names and contact information.

Speech and Language Therapy Involvement

Please include information about previous speech and language therapy assessments, the outcome of these assessments and the level of input your child is receiving at present.

Additional information required for children presenting with dysfluency

The History of the Stammer.

Please include information about: when you first noticed the problem, how it affects your child, how it has progressed, how it varies from day to day (if at all), how it presents now, and your child's rate of speech.

Issues in the Communication Environment

Please include any information about environmental factors that may be affecting your child e.g. moving house, changing schools, bullying, exam pressures, new siblings, dominant siblings, fast pace of life.

Your Child's Personality

Please describe your child's personality e.g. confident, sensitive, caring, outgoing. How well does your child cope with change?

Anxiety Rating

Please rate your anxiety on a scale of 1-10. 1 is no anxiety at all, 10 is as anxious as you have ever been (It's on your mind all the time).

1 2 3 4 5 6 7 8 9 10

Severity Rating

Please rate your child's stammer on a scale of 1-10. 1 is completely fluent and no stress for the child. 10 is the most severe you have ever heard and your child is very stressed by it.

1 2 3 4 5 6 7 8 9 10

