



**Rehabilitation Services, Inc.**  
Physical, Speech-Language, and Occupational Therapy

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**SPEECH LANGUAGE EVALUATION  
CASE HISTORY FORM**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ DOE \_\_\_\_\_  
\_\_\_\_\_

Parents \_\_\_\_\_  
Pediatrician \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

**Concerns**

- \_\_\_ late in beginning to talk
- \_\_\_ difficult to understand
- \_\_\_ has trouble thinking of words for things
- \_\_\_ talks less than other children the same age
- \_\_\_ mispronounces some sounds
- \_\_\_ has difficulty telling stories
- \_\_\_ loses words previously used from his/her vocabulary
- \_\_\_ repeats sounds or phrases
- \_\_\_ has trouble following directions
- \_\_\_ echoes what is said

Other concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Birth and Developmental History**

1. Any difficulties with pregnancy? \_\_\_
2. Any difficulties with labor and delivery? \_\_\_
3. Was baby born premature? \_\_\_ low birth weight? \_\_\_
4. How was health at birth and in first few months?

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5. Developmental age for:

Crawling _____	Holding cup _____
Sitting unassisted _____	Using spoon _____
Walking _____	Using fork _____
Hopping _____	Using crayons _____
Skipping _____	Using scissors _____

6. Any concerns with movement/coordination?

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### **Medical History**

1. Any injuries/surgeries? \_\_\_\_\_

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2. Any hospitalization? \_\_\_\_\_

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3. History of illness? Ear infections?

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4. Do you suspect a hearing difficulty? \_\_\_\_\_ Has hearing been assessed? \_\_\_\_\_

5. Medications?

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6. Allergies or dietary restrictions?

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### **Feeding History**

1. Any difficulties feeding/swallowing?

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2. Any avoidance to different foods or consistencies?

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### **Social and Emotional Development**

1. What opportunities to play with other children of different ages?

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2. Are you concerned with play skills?

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3. Preferred activities?

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4. Any issues with behavior or discipline?

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### **Speech and Language Development**

1. At what age did child:

- a. begin babbling? \_\_\_\_\_
- b. use first words? \_\_\_\_\_
- c. combine words? \_\_\_\_\_

2. Has speech development stopped or regressed?

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3. What is current language like?

- Gestures \_\_\_\_\_
- Single words \_\_\_\_\_
- Phrases \_\_\_\_\_
- Complete, but grammatically incorrect sentences \_\_\_\_\_
- Complete, grammatically correct sentences \_\_\_\_\_

3. How many words does your child use? \_\_\_\_\_

- a. common words \_\_\_\_\_
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4. Can listeners understand you child? \_\_\_\_\_

- a. familiar \_\_\_\_\_
- b. unfamiliar \_\_\_\_\_

5. Does your child become frustrated when communicating? \_\_\_\_\_

- a. How do you respond when unable to understand? \_\_\_\_\_  
\_\_\_\_\_
6. Does child follow simple commands (come here, stop that)? \_\_\_\_\_  
a. How many step directions can your child complete? \_\_\_\_\_  
b. Do you provide gestures or pointing when giving directions? \_\_\_\_\_  
c. How many times do you need to repeat directions? \_\_\_\_\_
7. Does child seem to understand what is said to them? \_\_\_\_\_
8. Does your child answer simple questions accurately? \_\_\_\_\_  
a. Answer yes/no questions? \_\_\_\_\_  
b. Answer wh- questions? \_\_\_\_\_  
c. Do their answers make sense? \_\_\_\_\_
9. Does child retell stories or experiences that can be understood by familiar listeners? \_\_\_\_\_  
unfamiliar listeners? \_\_\_\_\_
10. Any previous evaluations or therapy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Family**

1. Parents \_\_\_\_\_
2. Siblings  
\_\_\_\_\_  
\_\_\_\_\_
3. Extended family  
\_\_\_\_\_  
\_\_\_\_\_
4. Family history of speech difficulty? \_\_\_\_\_ Who? \_\_\_\_\_

### **OTHER**

Any other comments, questions or concerns that you have that were not captured in the previous sections, please indicate here:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We look forward to working with you and your child.