



Kids Communicating, LLC

Child Case History Form

Child's Name: _____ Date of Birth _____

Address: _____

Home/Cell Phone: _____ Email: _____

Mother's Name: _____ Father's Name: _____

Siblings Names and Ages: _____

Primary Language: _____ First Language: _____

Describe you child's speech or language difficulties:

How does your child usually communicate (gestures, words, phrases, sentences)?

When was the problem first noticed and how has it changed since first noticed?

Is your child aware of the problem? If so, how does he or she feel about it?



Did your child ever have any feeding problems (e.g. problems with sucking, swallowing, drooling, or chewing, etc.)?

Provide the approximate age at which your child reached the following milestones:

Crawling_____ Sitting_____ Standing_____

Walking_____ Feeding Self_____ Dressing Self_____

Using toilet_____ Singe words_____ Phrases_____

Name objects_____ Request_____ Ask questions_____

Engage in conversation_____

How is the child performing academically (or pre-academically)?

Does your child receive special services at school (e.g. IEP)? If, so what are their IEP goals?

Please provide any additional information that might be helpful in the evaluation or remediation of your child's speech language difficulties.

Person Completing form:_____

Relationship to child:_____

Sign:_____ Date:_____