



**Speech Therapy  
Language and Literacy Evaluation Case History Form**

Dear Parent/Caregiver:

1. Please complete the following Case History Form.
2. Please give the form to the evaluating therapist upon arrival for your initial evaluation.
3. Please bring any school or other records that are relevant to reading, writing and spelling concerns such as testing reports, psycho-educational evaluations, IEPs, most recent report card, a recent writing sample, etc. arranged in chronological order. Thank you in advance for your time.

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

**IDENTIFYING INFORMATION/ FAMILY HISTORY:**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/ State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alternate Phone Number:** \_\_\_\_\_

**Who does the child live with?** \_\_\_\_\_

**Name of person completing Case History Form:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Language(s) spoken in the home:** \_\_\_\_\_

Please list or briefly describe the concern and goals you have regarding your child's language and literacy development: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Caregiver's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Education:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Caregiver's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Education:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Please list brothers/sisters or other people in the home:** \_\_\_\_\_  
\_\_\_\_\_

Please briefly describe any family member's significant developmental problems, particularly with reading, spelling, and writing : \_\_\_\_\_

**MEDICAL/DEVELOPMENTAL INFORMATION:**

Referring Physician: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

**Please describe your child's birth history. List any complication during pregnancy, birth, or infancy:** \_\_\_\_\_

**Please list any childhood illnesses or medical conditions, past and present, with dates:** \_\_\_\_\_

**Please list any current medications and reason for medication:** \_\_\_\_\_

**Please list any allergies** (Environmental, food, diet restrictions): \_\_\_\_\_

**Please list any surgical procedures and/or hospitalizations** (include dates): \_\_\_\_\_

**Does your child suffer from chronic ear infections?** Please describe dates, frequency, and treatment: \_\_\_\_\_

**Has your child had a formal eye examination; does your child wear glasses or contacts?** Please give date and describe: \_\_\_\_\_

**Has your child had a hearing test? Has your child had tubes in his/her ears, hearing aids, or cochlear implant?** Please give dates and describe: \_\_\_\_\_

**Was your child's early development on time, a little slow, a little ahead, or other?**

Speaking and understanding others speak: \_\_\_\_\_

Sitting, crawling, and walking: \_\_\_\_\_

Drinking from a cup, spoon feeding self, chewing solid food: \_\_\_\_\_

**Is your child right handed \_\_\_\_\_ or left handed?** \_\_\_\_\_

**UNDERSTANDING LANGUAGE/ COMMUNICATING:**

Does your child seem to understand conversations, directions, and explanations?  
\_\_\_\_\_  
\_\_\_\_\_

Is your child able to express himself/ herself verbally?  
\_\_\_\_\_  
\_\_\_\_\_

**SOCIAL/ EMOTIONAL BEHAVIOR:**

**Please describe any social/ emotional concerns** (short attention span, interaction with children and adults, overly active, aggressive behaviors, poor organization, depression, emotional issues): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any activities that your child particularly enjoys.** \_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL INFORMATION:**

Your child's school: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Has your child repeated a grade? \_\_\_\_\_

Does your child receive special education services and have an IEP? If so, what kind of special education and for how long? (Please bring IEP if he/she has one.) \_\_\_\_\_  
\_\_\_\_\_

Does your child receive PT/OT/Speech? If so, please include how often and where: \_\_\_\_\_  
\_\_\_\_\_

Please list any concerns that were voiced by the school staff regarding your child's performance, general development, or behavior: \_\_\_\_\_  
\_\_\_\_\_

Does your child struggle in school? How? \_\_\_\_\_  
\_\_\_\_\_

What kinds of grades does your child make at school? \_\_\_\_\_

Is your child passing the SOLs if taking them? \_\_\_\_\_

Has your child ever received extra help at school or outside of school from a tutor for reading, spelling, or writing? If so, when, with whom, and for how long? \_\_\_\_\_  
\_\_\_\_\_

Has your child been diagnosed with a learning disability, dysgraphia, or dyslexia? If so, when and by whom? \_\_\_\_\_

Has your child had a full psycho-educational evaluation? When and by whom? (Please bring a copy of the report.) \_\_\_\_\_

Please complete the following checklist about reading and writing.

N = Never S = Seldom F = Frequently A = Always

	N	S	F	A
Difficulty learning letters of alphabet and sounds of letters in the early years				
Difficulty decoding or sounding out words to read				
Lack of fluency when reading orally (mispronounces words, skips lines, rereads lines, runs words together, leaves out words)				
Adds or deletes letters, sounds, or syllables from words				
Misreads or omits common short words				
Poor reading comprehension				
Poor spelling; may do well on spelling tests, but struggles with spelling in other work				
Poor handwriting				
Poor copying skills, especially from the board at school				
Poor written composition				
Problems recalling names of objects, events, people, or places				
Scrambling or reversing letters, words, or numbers				
Problems with directionality ( <i>top/bottom, left/ right</i> )				
Unclear hand preference				
Difficulty expressing ideas orally				
Delay in verbal response				
Difficulty comprehending what is heard (following directions, needs information repeated, misunderstands)				
More of a literal than an abstract thinker				
Extreme difficulty learning a foreign language				
Slow at completing tasks involving reading and writing				
Achievement in school seems to be lower than his/her intellectual ability				
Problems in math related to sequencing, directionality, or math language				

**ADDITIONAL COMMENTS:** Please write any further comments that you feel may assist the therapist: \_\_\_\_\_

\_\_\_\_\_



## WHAT YOU NEED TO KNOW FOR THE LANGUAGE AND LITERACY EVALUATION:

1. A Literacy Evaluation usually takes around 1 and 1/2 hours.
2. Test results may need to be given to you on a separate day and time. You will get a written report as well.
3. A parent/guardian must remain on the premises with your child at all times. You may not leave the building while your child is being tested.

## WHAT YOU NEED TO BRING:

1. Insurance card.
2. This case history form.
3. School or other records that you can get related to reading, writing, and spelling such as (in order by date):
  - a. IEP
  - b. Psycho-educational testing report
  - c. Recent report card
  - d. School achievement test or SOL results
  - e. Teacher's notes of concern