PURDUE UNIVERSITY | Department of Speech, Language, and Hearing Sciences

Purdue M.D. Steer Speech and Language Clinic
Early Intervention Case History

Child's Name: ____

Date of Birth: __________________ **Age:** ________ **Male**______ **Female**_______

Parent(s)/Guardian(s):____

Siblings/ages:____

Who lives at home:____

Where child spends the day (%): *Home*______ *In-home Family child care*_______

*Child care center*______ *Other Family Members*______ *Preschool*_______

Primary Language spoken in the home:______________________________________

Other Language(s):____

Birth and Medical History:

Pregnancy: *Full Term*____*Premature*____ *# of weeks gestation* ______*Birth weight* _______

Pregnancy/birth complications:____

____

Medical History (hospitalizations/surgeries):______________________________

____

____

Allergies:____

Medications:____

Passed newborn hearing screening? *Yes* *No* **Current hearing concerns?** *Yes* *No*

Hearing tested by an audiologist? *Yes No* **Hearing evaluation scheduled for**:________

Date of last hearing evaluation and results:____

History of ear infections? *Yes (explain)*_______________________________ *No*

PE Tubes Placed? *Yes No* Date: ______________

Vision Concerns? *Yes (explain)*_______________________________________ *No*

Developmental History:

Any prior history of therapy (SLP/PT/OT, etc.):_____________________________________

____

Speech/Language

Describe cooing and babbling as a baby:____

____

Age of first word*:*___________ **What word***?* ___________________________________

Concerns about your child's speech/language:____________________________________

____

____

How does child communicate wants and needs? (Circle all that apply)

Looks at objects *Points and grunts* *Reaches* *Gestures*

Signs *Whines* *Cries* *Leads adults* *Uses words/sounds*

How does child <u>primarily</u> communicate*?*____

How many words/word approximations does child say currently*?*____________________

List words here: (may use "First Words" list) ___________________________________

____

When does your child say these words (e.g., to comment, request items, socially interact)? ____

What % of your child's speech is understood by: *you/family_____ strangers_____*

Are there words that your child used to say but no longer says? *Yes No*
List words here:

Does child put 2 words together? *Consistently Frequently Rarely Never*
Examples:

Is child adding new words to expressive vocabulary? *Daily Weekly Monthly Rarely*

Does child follow simple commands? (e.g., "Get the ball.") *Yes No*

How often? *Consistently Frequently Rarely Never*

Does child imitate other people's sounds or words? *Yes No*

How often? *Consistently Frequently Rarely Never*

Swallowing

Pacifier use (circle all that apply): *Never had one/no longer uses Uses when sleeping*

Uses when upset Uses during the day occasionally Prefers to have it at all times

Did child orally explore/put everything in mouth as a baby? *Yes No*

Does child drool? *No Occasionally Excessively*

Does child eat a wide variety of foods? *Yes Somewhat picky Very picky*

How independent is child at mealtime? *Feeds self w/ finger Feeds self w. Utensils*

Fed by Caregiver

How does child drink liquids? *Bottle Sippy Cup Straw Open cup*

Does child choke when eating or drinking? *Yes No*

If yes, explain:____

Does child overstuff mouth when eating? *Yes No*

Temperament

Describe child's temperament: (Circle all that apply)

Noisy	*Active*	*Social*
Quiet	*Content*	*Laid back*
Cautious	*Frustrated*	*Patient*
Impulsive	*Observant*	*Friendly*
Happy	*Slow to warm up*	

How easily does child transition from one activity to another?

No difficulty   *Sometimes struggles*   *Often difficult*

Does anything help with transitions? Yes No
(explain):____

How does child respond to being told "*No*"?

Complies   *Ignores*   *Doesn't seem to understand*

How well does child comply with adult requests?

Complies   *Ignores*   *Doesn't seem to understand*

How often does child have behavioral meltdowns? *Rarely* *A few times a week* *Daily*

Describe what this looks like:____

Can child self-calm after a meltdown?

Yes, meltdowns are usually brief   *Self-calming is difficult for child*

Motor

Age child sat up _______ **Crawled**_______ **Walked**_______

Does child frequently walk on toes? *Yes* *No*

Is the child fall or bump into objects often? *Yes* *No*

Does child pick up small objects with thumb and pointer finger? *Yes* *Not yet*

Does child imitate actions? *Not yet* *Occasionally* *Consistently*

Sensory Processing:

Is child bothered by the following: (Check all that apply)

___*Loud/unexpected noises*
___*Having dirty hands*
___*Being barefoot in grass*
___*Having hair/nails cut*
___*Certain food textures*
___*Bright lights*
___*Being upside down*
___*Being in crowded places*
___ *Tight fitting clothes*
___ *Changes in routines*

Does the child exhibit any of the following (Check all that apply):

__*Always on the move*

__*Strong preference for spinning, rolling, flapping hands, banging head*

__*Touching objects or people excessively*

__*Takes bold risks during play*

__*Likes TV/music at high volumes*

__*Visually fixates on objects*

__*Prefers food with strong flavors*

__*Licks or chews on non-food items*

__*Makes noises just to hear them*

__*Is difficult to take to public places*

Have any of the following been observed (Check all that apply):

__*Doesn't cry when hurt*
__*Is difficult to engage*
__*Prefers sedentary activities*
__*Doesn't respond to name*
__*Unaware of being cold, hot, hungry*
__*Unaware of surroundings*
__*Seems to be in own world much of the time*
__*Slow or unmotivated to do things for self*