



## CASE HISTORY

Name:

Age:

Age your child said first words:

Did your child make babbling/cooing sounds prior to saying words?

Does your child put words together? (ex. More Milk)

How many words are in your child's longest utterances?

Give examples:

How many words are in your child's typical utterance?

Give examples:

When did your child begin to put words together?

How does your child currently tell you what he/she wants or needs? (sounds, words, gestures, combination of these, etc)

Does your child make sounds incorrectly?

Any complications during pregnancy or delivery?

Did/Does your child have feeding problems?

Drink from cup/ use utensils / drink from straw/ blow bubbles?

Approximate age your child...

Sat unsupported:

crawled:

walked:

Potty trained:

Does your child have any...

Allergies

Asthma

Chronic Colds

Dental Problems

Seizures

Ear infections

Head Injuries

Describe a typical day for your child:

Describe his/her play with other children:

Siblings: List names and ages

Favorite Foods:

Favorite Toys/Activities: