

Alabama A & M University  
**Communicative Sciences and Disorders Clinic**

P.O. Box 357  
Normal, Alabama 35762  
Phone: (256)372-5541 or (256)372-4044

**Updated Information**  
**CASE HISTORY FORM – CHILD**

**IDENTIFYING INFORMATION**

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Name by which your child is called \_\_\_\_\_ Handedness Right Left  
(circle)

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell phone \_\_\_\_\_

Parents:	Name	Age	Occupation	Education	Work #
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Father	_____	_____	_____	_____	_____
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Mother	_____	_____	_____	_____	_____
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If address of either parent is different from that of child, please indicate:

\_\_\_\_\_

Child's Doctor: Name \_\_\_\_\_

Address of Dr. \_\_\_\_\_

Do you want a copy of our report(s) sent to your child's doctor? \_\_\_\_\_ yes \_\_\_\_\_ no

To what other professional person(s) or agency (ies) do you want a report sent? Please include names of professionals and addresses: \_\_\_\_\_

\_\_\_\_\_

Have there been any changes in the last year (i.e., medical/medication, emotional, family, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship to client \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell phone \_\_\_\_\_

## EDUCATIONAL HISTORY

Does your child do average \_\_\_\_\_ below average \_\_\_\_\_ or above average \_\_\_\_\_ work in school?

What are your child's best subjects? \_\_\_\_\_

What are your child's poorest subjects? \_\_\_\_\_

Does your child receive any special assistance or help at school? \_\_\_\_\_ yes \_\_\_\_\_ no

If so, describe: \_\_\_\_\_

Has he/she repeated a grade? \_\_\_\_\_ yes \_\_\_\_\_ no

If so, which one(s)? \_\_\_\_\_

What is your impression of your child's learning abilities? \_\_\_\_\_

\_\_\_\_\_

Describe any speech, language, hearing, psychological, and special education services that have been performed, including where this was done. Include how often your child was seen in this service. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OTHER

What games and toys does your child prefer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many hours each day does your child watch television? \_\_\_\_\_

Which programs does he/she watch? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list what you would consider your child's favorite food(s) and snack food(s). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What may we use for reinforcement for your child (i.e., candy, raisins, stickers, etc.)?

\_\_\_\_\_

\_\_\_\_\_