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Speech & Language Services

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DEVELOPMENTAL HISTORY

Date: _____

General Information:

Child's Name: _____ Birthdate: _____ Age: _____

Parent/Guardian Name: _____ relationship to child _____

Address: _____

Phone 1 (home): _____ Phone 2 (cell): _____

Email: _____ Parent/Guardian Occupation(s): _____

Parent/Guardian Name: _____ relationship to child _____

Address: _____

Phone 1 (home): _____ Phone 2 (cell): _____

Email: _____ Parent/Guardian Occupation(s): _____

List other people living in the child's home:

<i>Name</i>	<i>Relationship to Child</i>	<i>Age (if under 21)</i>

Physician: _____ Location: _____

Phone: _____ Email: _____

Dentist/Orthodontist: _____ Location: _____

Phone: _____ Email: _____

Other Specialist: _____ Location: _____

Phone: _____ Email: _____

Does your child have existing diagnoses and/or participate in programs or treatments? ____

If yes, please list & describe:

Summary of Concerns:

Describe your child's communication difficulties: _____

Please describe your child's strengths: _____

When did you first notice the concerns: _____

Has your child's communication changed over time. If yes, how so: _____

Has your child previously been evaluated or received interventions/therapy to address these communication concerns? yes no

If so, describe what/when: _____

Pregnancy and Birth History:

List any complications, illnesses, and/or accidents during pregnancy/labor/delivery:

Type of delivery: vaginal c-section

Was your child born premature? yes no

Gestational age at birth: _____ weeks

Birth weight:

Was your child in the NICU? yes no

Describe any complications during labor/delivery:

General Health:

Please describe the general state of your child's health:

Date of last well child exam: _____ Are immunizations up to date? yes no
If no, please describe:

Describe any concerns regarding your child's vision:

Has your child's hearing been tested? yes no
If so, when was his/her last hearing screen? _____

List medications (including vitamins and supplements) your child takes on a regular basis and indicate the reason for taking the.:

List any allergies:

Speech, Language, and Hearing History:

Did your child babble and coo as an infant? _____

When did his/her first word emerge? _____

When did he/she start combining 2-3 words? _____

Describe your child's speech: Sentences _____ Phrases _____ 1-2 Words _____ Sounds _____

Examples: _____

Amount of speech understood by familiar listeners: _____ % unfamiliar listeners: _____ %

Describe your child's auditory behavior (response to hearing speech, environmental sounds, noisy environments, following directions, etc.):

Social and Behavioral Information:

Does your child:

- | | |
|---------------------------------|------------------------------------|
| Make eye contact Y / N | Protest Y / N |
| Respond on topic Y / N | Show humor Y / N |
| Interrupt appropriately Y / N | Solve problems verbally Y / N |
| Stay on topic Y / N | Greet people Y / N |
| Ask for information Y / N | Give information Y / N |
| Competitive Y / N | Tell you the names of things Y / N |
| Sensitive to criticism Y / N | Tell you how things are used Y / N |
| Perfectionist Y / N | Describe things and actions Y / N |
| Mature for age Y / N | Make requests Y / N |
| Overly sensitive to touch Y / N | Apologize Y / N |
| Overly sensitive to sound Y / N | |

Related Comments:

Educational Information:

School: _____ Grade: _____
Address: _____ Teacher's Name: _____

Does your child excel in any areas? Y / N If yes, describe: _____

Does he/she struggle in any areas Y / N If yes, describe: _____

Does your child enjoy reading? Y / N If no, describe: _____

Does your child tell stories well? Y / N If no, describe: _____

Does your child enjoy writing? Y / N If no, describe: _____

Does he/she read at grade level? Y / N

Does your child spell at grade level? Y / N

Is/Has your child been in special programs (Speech/Lang., Reading, Special Ed., etc.)? Y / N

If yes, describe: _____

Additional Information:

Is there anything else about your child or your family that I should know that might help me provide better service?
