ROCK
Therapeutic Services

Developmental History

The developmental history is an important part of your child's speech, language and hearing evaluation. Please fill out this form as completely and accurately as possible. Make a note of anything you have questions about and we can discuss them during your appointment.

_____ _____ _____

Person completing this form | Relationship to child | Date

I. IDENTIFICATION			
Client's Name:	Birth date:		
Mother's name:	Occupation:	Last grade completed in school: ☐ Junior High ☐ High School ☐ College	
Father's name:	Occupation:	Last grade completed in school: ☐ Junior High ☐ High School ☐ College	
Names of Brothers and Sisters:	Age:	Speech, Hearing or Medical Problems:	

II. AREAS OF CONCERN
Please describe why you are having your child seen for a speech-language evaluation:
How does the child usually communicate? (ie: gestures, single words, short phrases, sentences)
Please give two to three examples of the child's comments that are typical at this time:
When did you first become concerned?
Have there been any changes in the condition since you first noticed it?
Is the child aware of the problem? If so, how does he/she feel about it?
Have any other speech-language specialists seen the child? ☐ No ☐ Yes - If Yes, what were their conclusions or suggestions?
Have any other specialists seen the child? ☐ No ☐ Yes - If Yes, what type of specialists and what were their conclusions or suggestions?

Did seeing any of the above mentioned specialists help? ☐ No ☐ Yes - If Yes, please explain:

Are there any incidences of any of the following conditions among the child's family and close relatives?

	Y	N	Please Explain
1. Speech Problems	☐	☐	
2. Hearing Problems	☐	☐	
3. Learning Disabilities	☐	☐	
4. Seizures / Convulsions	☐	☐	
5. Intellectual Disability	☐	☐	
6. Autism / Spectrum Disorder	☐	☐	

III. SPEECH, LANGUAGE AND HEARING HISTORY

How much did the child babble and coo during the first 6 months? ☐ Not at all ☐ Below Average ☐ Average ☐ Above Average ☐ Excessively

What were the child's first few words and at what age were they spoken?

How many words did the child have at 18 months? ☐ None ☐ 1-10 ☐ 11-20 ☐ 20+

When did the child begin to use two-word sentences?

Does the child make sounds incorrectly? ☐ No ☐ Yes - If Yes, which ones?

How well can the child be understood?	Poorly	1	2	3	4	5	Very Well	Comments:
By his/her parents:		☐	☐	☐	☐	☐		
By his/her siblings and playmates:		☐	☐	☐	☐	☐		
By family friends and relatives:		☐	☐	☐	☐	☐		
By strangers:		☐	☐	☐	☐	☐		

Does the child hesitate, "get stuck", repeat, or stutter on sounds or words? ☐ No ☐ Yes - If Yes, please describe:

How does the child's voice sound? ☐ Normal ☐ Too High ☐ Too Low ☐ Hoarse ☐ Nasal

Did the development of the child's speech ever slow down or did he/she ever stop talking? ☐ No ☐ Yes - If Yes, please explain:

Does the child imitate words but not use them? ☐ No ☐ Yes - If Yes, please explain:

Are there any other languages spoken in the home? ☐ No ☐ Yes - If Yes, which ones, by whom and how often?

How well does the child understand what is said to him/her? ☐ Not Well ☐ Well ☐ Very Well

How does the child's speech compare to those of his/her siblings?

Does the child have ear infections? ☐ No ☐ Yes – If Yes, how often?			
Does the child hear adequately? ☐ No ☐ Yes – If No, please describe:			
Does his/her hearing ability fluctuate? ☐ No ☐ Yes – If Yes, please explain:			
Has the child ever worn a hearing aid? ☐ No ☐ Yes – If Yes, in which ear, for how long have they worn it, and does it seem to help him/her?			
Please check these as they apply to the child:	Yes	No	If Yes, please explain and give ages if possible:
Cried less than normal amount	☐	☐	
Laughed less than normal amount	☐	☐	
Yelled or screeched to get attention or express annoyance	☐	☐	
Head banging and foot stamping	☐	☐	
Temper tantrums	☐	☐	
Awkward or uncoordinated	☐	☐	
Very alert to gestures, facial expression or movement	☐	☐	
Generally indifferent to sound	☐	☐	
Did not respond when spoken to	☐	☐	
Responded to noises (car horn, phone) but not to speech	☐	☐	
Difficulty using tongue or 'tongue tied'	☐	☐	
Large tongue	☐	☐	
Difficulty Swallowing	☐	☐	
Gags or chokes easily	☐	☐	
Difficulty moving mouth	☐	☐	
Drooled excessively	☐	☐	
Food came out nose	☐	☐	
Talked through nose	☐	☐	
Excessive throat clearing	☐	☐	
Mouth breathing	☐	☐	
Difficulty breathing	☐	☐	

IV. PREGNANCY AND BIRTH HISTORY

Which pregnancy was this child: ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Fifth+	Length of pregnancy:
Did any illness, disease and/or accidents occur during pregnancy? ☐ No ☐ Yes – If Yes, please explain:	
Did a blood incompatibility exist between the mother and father? ☐ No ☐ Yes	
Age of mother at infant's birth:	Age of father at infant's birth:
Length of labor:	Drugs used during labor:
Were there any problems at birth, ie: breech, caesarean, fever, etc.? ☐ No ☐ Yes – If Yes, please explain:	

Were forceps used? ☐ No ☐ Yes	Weight of infant at birth:	Child was: ☐ Breastfed ☐ Bottlefed

	Yes	No		Yes	No
Were there any bruises or scars on the infant's head?	☐	☐	Any other abnormalities of the infant's head or body?	☐	☐
Did the infant require oxygen following birth?	☐	☐	Was the child "blue" or jaundiced at birth?	☐	☐
Was a blood transfusion required at birth?	☐	☐	Did the infant have a bowel movement before birth?	☐	☐

If you answered Yes to any of the questions above please explain:

Were there any problems during the first two weeks of life, ie: health, swallowing, sucking, feeding, sleeping, etc.? If so, please explain:

V. MEDICAL HISTORY

Is the child currently under the care of a doctor (aside from their primary care physician for general checkups)? ☐ No ☐ Yes – If Yes, please explain:

Is he/she taking medication? ☐ No ☐ Yes – If Yes, what type and why?

Please indicate the age at which any of the following occurred and the severity:

	Age	Mild	Moder.	Severe		Age	Mild	Moder.	Severe
Adenoidectomy		☐	☐	☐	Hearing Problems		☐	☐	☐
Allergies		☐	☐	☐	High Fevers		☐	☐	☐
Asthma		☐	☐	☐	Influenza		☐	☐	☐
Blood disease		☐	☐	☐	Mastoidectomy		☐	☐	☐
Cataracts		☐	☐	☐	Measles		☐	☐	☐
Chicken Pox		☐	☐	☐	Meningitis		☐	☐	☐
Chronic Colds		☐	☐	☐	Mumps		☐	☐	☐
Convulsions		☐	☐	☐	Muscle Disorder		☐	☐	☐
Cross-eyed		☐	☐	☐	Nerve Disorder		☐	☐	☐
Croup		☐	☐	☐	Orthodontia		☐	☐	☐
Dental Problems		☐	☐	☐	Pneumonia		☐	☐	☐
Diphtheria		☐	☐	☐	Polio		☐	☐	☐
Earaches		☐	☐	☐	Rheumatic Fever		☐	☐	☐
Headaches		☐	☐	☐	Tonsillectomy		☐	☐	☐
Head Injury		☐	☐	☐	Whooping cough		☐	☐	☐

Has the child ever fallen or had a blow to the head? ☐ No ☐ Yes – If Yes, did he/she lose consciousness? ☐ No ☐ Yes Did it cause a concussion? ☐ No ☐ Yes Did it cause Nausea, Vomiting or Drowsiness? ☐ No ☐ Yes
Describe any other illness, injury, operation or physical problem not mentioned above:
Did any of the above require hospitalization? ☐ No ☐ Yes – If Yes, please explain:
Any contractible diseases? i.e HIV, HEP, AIDS, etc. ☐ No ☐ Yes - If Yes, please list all that apply.

VI. BEHAVIOR			
Please indicate which of these apply to the child:			
	Yes	No	Explain and give ages if possible:
Eating problems	☐	☐	
Sleeping problems	☐	☐	
Toilet training problems	☐	☐	
Difficulty Concentrating	☐	☐	
Stays with an activity	☐	☐	
Needs a lot of discipline	☐	☐	
Underactive	☐	☐	
Overactive / Excitable	☐	☐	
Laughed Easily	☐	☐	
Cried a lot	☐	☐	
Sensitive	☐	☐	
Emotional	☐	☐	
Happy	☐	☐	
Irritable	☐	☐	
Personality Problem	☐	☐	
Gets along with children	☐	☐	
Gets along with adults	☐	☐	
Makes friends easily	☐	☐	
Prefers to play alone	☐	☐	
Other:	☐	☐	
Does the child separate from his/her parents without crying or fussing? ☐ No ☐ Yes			
How do you discipline the child?			
What are the child's favorite play activities?			

VII. DEVELOPMENTAL MILESTONES			
Please indicate the age at which the following occurred:			
Rolled over alone:	Sat upright alone:	Crawled:	Stood alone:
Walked unaided:	Fed self with spoon:	Had first tooth:	Dress/undress unaided:
Bladder trained:	Bowel trained:	Toilet trained, waking:	Toilet trained, sleeping:
What hand does the child prefer? ☐ Right ☐ Left		Has handedness ever changed? ☐ No ☐ Yes – If Yes, at what age?	
How would you describe the child's current physical development?			

VIII. EDUCATIONAL HISTORY			
List the schools attended/currently attending, please include nursery/preschools:			
Name		Ages	Hours per week
Current grade:	Grades skipped:	Grades failed:	
Average grades:	Best subjects:	Poorest subjects:	
Is the child frequently absent from school? ☐ No ☐ Yes – If Yes, please explain why:			
How does the child feel about school and his/her teacher?			
What is your impression of the child's learning abilities?			
Has anyone ever thought the child has learning problems? ☐ No ☐ Yes – If Yes please explain:			

Thank you for taking the time to fill out this form, please add any additional information you feel will help us in understanding your child and his/her problem: