

**www.communicationandreading.com**

**Speech-Language Pathologists**

**300 Vestavia Parkway, Suite 2300**

**Birmingham, AL 35216**

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**Case History**

Please comment on the following, as applicable:

1. Any significant birth or medical history (e.g., prematurity, surgeries, diagnoses, frequent ear infections, allergies, etc.):

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1. Any concerns regarding early development (including communication milestones):

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1. Any family history regarding learning difficulties or development:

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1. Has your child’s hearing been evaluated? Yes No

When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child’s vision been evaluated? Yes No

When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Any concerns regarding early academic development (e.g., learning letters, colors, etc):

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1. How long have you had your current concerns?

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1. What strategies have been used with your child in the past to target difficulties? Which seemed effective and which did not?

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1. Describe any previous evaluations (e.g., psychology, speech-language pathology, etc).

Please provide type, date, frequency, professional group, and location.

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1. What were the results? What diagnoses or recommendations were made?

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1. What other services or therapies has your child received?

Please provide type, date, frequency, professional group, and location.

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1. Any concerns regarding your child’s current ability to communicate (e.g., express himself/herself, follow directions, comprehend age appropriate stories, interact socially with peers):

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1. Has your child been evaluated by the school system? Yes No

When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any recommendations the school has made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any support services/accommodations provided in school currently: \_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Identify any of the following areas of concern within the educational environment:

General intellectual level \_\_\_\_\_ Difficulty with planning and organization\_\_\_\_\_

Difficulty completing an activity \_\_\_\_\_ Difficulty adapting to change\_\_\_\_\_

Easily distracted\_\_\_\_\_ Difficulty expressing self\_\_\_\_\_

Inability to concentrate\_\_\_\_\_ Difficulty with written expression\_\_\_\_\_

Difficulty reading\_\_\_\_\_ Difficulty learning/remembering new information\_\_\_\_\_\_

1. What are your child’s favorite activities/hobbies? Are there any items of interest to your child which can be used for positive reinforcement?

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1. What information do you hope to gain from this evaluation? Please list any areas or topics you would specifically like the evaluator to address or discuss:

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1. List any medications your child is currently taking.

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