

Speech/Language Services
Wenatchee School District
Special Education

SPEECH, LANGUAGE AND HEARING HISTORY

Name of Student _____ Birth Date _____ Age _____

School _____ Teacher _____ Grade _____ Date _____

The following statements/questions relate to your child’s speech/language/hearing development and/or functioning. Please complete and return to the Communication Disorders Specialist as soon as possible marking each statement/question using the following KEY: Y = yes N = no S = sometimes

Y N S

GENERAL

My child has a speech, language or hearing problem. If yes, describe what and when problem was first noticed and judge severity:

Mild Moderate Seveve

Comments: _____

My child is understood by: family members others.

My child seems to understand and respond appropriately to everything that is said.

My child uses complete, grammatically correct sentences to communicate.

Have you observed any dysfluencies/stuttering? If yes, is it: frequent infrequent

Does the communication problem(s) affect your child’s interaction with other children? If yes, how?

My child seems to be aware of the communication problem. If yes, please give an example: _____

My child has previously been evaluated for a speech language hearing problem(s)
Where? _____

Results: _____

Have/Do other family members had/have speech language and/or hearing problems?

Is a language other than English spoken in the home? If yes, what language? _____

(over)

MEDICAL/PHYSICAL HISTORY

The following medical/physical conditions could relate to problems in speech and language development. Please mark any condition your child is being or has been treated for:

- Chronic ear infections
 - more than 2 per year
 - early onset (as a baby)
 - was medically treated?
- Ear surgery
 - Tonsillectomy
 - Adenoidectomy
 - Asthma
 - Allergies
- Medical problems following birth
 - Epilepsy, convulsions, seizures
 - Diabetes
 - Neuromuscular disorder: (cerebral palsy, muscular dystrophy)
 - Orthodontic work
 - Cleft lip/palate/sub mucous cleft

Y N S

- I feel my child's hearing is normal.
- Does your child's hearing vary?
- Does your child make you talk loudly or repeat frequently?
- My child has voice quality problems.
 - nasality denasality high pitch low pitch
 - persistent hoarseness unusually loud unusually soft
- My child is presently receiving special care from a physician for:
 - hearing other:
 - vision
 - orthodontic
- My child is presently taking a doctor-prescribed medication. If yes, what?

DEVELOPMENTAL HISTORY:

- Were there any unusual circumstances concerning your pregnancy/child's birth? If yes, describe: _____
- _____
- _____

Do you feel that your child was slow, average, or rapid in development up to 3 years of age?

Approximately what age did your child:

_____ say first words

_____ put two words together

_____ speak in sentences of 3 or more words

COMMENTS

Parent/Guardian Signature _____

Date _____