



School - Age Child's Case History

Date: _____

Name: _____ DOB: _____

Your name and relationship to child: _____

What school does your child attend? _____ What grade is he/she in? _____

1. Describe the difficulties your child has been experiencing.

2. When did you first become concerned about your child?

3. How were his/her difficulties brought to your attention?

4. How does your child react to his/her difference?

5. Does your child's performance become better, or worse, in different settings/situations? ___Yes ___No.
• If Yes, please describe.

6. How do family members and friends react to your child's difference?

7. Do other family members show the same symptom(s) as your child? ___Yes ___No.
• State the relationship and his/her symptoms.

8. How has your child's difference been addressed?

9. Does your child interact well with peers? ___Yes___No.

- If no, please explain.

10. Does your child have difficulties with attention? ___Yes___No

- If yes, please describe difficulties.

11. Describe your child's performance in the following academic areas:

- Math:
- Reading:
- Writing:

12. Does your child like school? ___Yes___No

- Does he/she like or dislike a particular subject? Please explain.

13. Has your child ever received speech, language, or hearing therapy? ___Yes___No

- If yes, where and for how long?

14. List any illnesses, accidents, or operations your child has had. Please include when they occurred and the severity. Include any hard falls, and/or bumps on the head.

15. Has your child's hearing been tested? ___Yes___No.

- If yes, when, and what were the results?

16. Does he/she have a history of ear infections? ___Yes___No

- If yes, please explain the frequency and when the last infection occurred.

17. Is your child currently in good health? ___Yes___No

- If no, please explain.

18. Is your child currently taking any medications? ___Yes___No

- If yes, indicate what medication and what it is for.

19. Does your child have a difficult time following directions? ___Yes___No

- If yes, please explain.

20. Has your child had any other evaluations within the last 2 years? ___Yes___No

- If yes, when and where was it, and what were the results?

21. If there is any additional information that you feel will help us understand your child better, please describe below.