



CREATIVE SPEECH SOLUTIONS, LLC

Pediatric Therapy Center

LITERACY CASE HISTORY FORM

Please bring samples of work that your child is experiencing difficulty with (e.g., writing, reading, spelling) on the day of the evaluation.

PLEASE ATTACH A RECENT PHOTO OF YOUR CHILD HERE

Date _____
Person filling out this questionnaire _____
Relationship to child _____

IDENTIFYING INFORMATION

Child's Name _____ Nickname _____ Date of Birth _____

Address _____

City _____ County _____ State _____ Zip _____

Home# _____ Cell# _____ Work# _____

Alternate phone number(s) _____

Email address: _____

I prefer to be contacted by: email _____ cell phone _____ work phone _____ home phone _____

Name	Age	Occupation	Education
Parent 1: _____	_____	_____	_____
Parent 2: _____	_____	_____	_____

If the address of either parent is different from that of the child, please indicate:

Other children in the family:

Name	Sex	Age	School-Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who can we thank for telling you about our practice? _____

Child's Doctor: _____ Address _____

Do you want a copy of our report sent to your child's doctor? Yes _____ No _____

To what other professional persons or agencies do you want a report sent? _____

STATEMENT OF THE PROBLEM

Describe what problem(s) your child is having with phonics, reading, spelling, and/or writing:

Does your child have any speech, language or hearing disorders or challenges? Yes____ No____

If yes, please describe _____

List any other concerns you have regarding your child's development:

Does your child have a formal diagnosis? Yes____ No____ If yes, what is it? _____

When was it made? _____ By whom? _____

DEVELOPMENTAL HISTORY

Check which is applicable: This is our biological _____ foster _____ adopted _____ child

Did the mother have medical problems during the pregnancy? Yes____ No____

If yes, please describe, including medical attention: _____

Did the mother take any prescription and/or nonprescription medication during this pregnancy? Yes____ No____

If yes, what kind(s)? _____

Was the child full-term? Yes____ No____ If no, what was the gestational age? _____

Was the delivery normal? Yes____ No____ If no, explain _____

Caesarian? Yes____ No____ If yes, reason? _____

How long were the mother and child in the hospital? _____

Child's weight at birth? _____ Any birth injuries? _____ Was the child an RH baby? _____

What special medication attention or treatment did the child receive at birth, if any? _____

FAMILY HISTORY

Are there any members of your immediate family that have been diagnosed with any of the following:

(Please indicate "F" for father, "M" for mother, or "S" for sibling)

_____ learning disability _____ auditory processing disorder

_____ dyslexia _____ ADD/ADHD

_____ speech and language delay/disorder _____ autistic spectrum disorder/PDD

_____ sensory processing disorder

_____ other, please explain _____

MEDICAL HISTORY

Describe any significant illnesses, accidents, injuries, and/or hospitalizations of the child (include child's age)

If your child underwent any surgery, please describe (include date of surgery and surgeon's name)

Is the child's health good? _____ Fair _____ Poor _____ Is the child now under medical treatment or on medication? Yes _____ No _____ If yes please explain: _____

MEDICAL EXAMINATION HISTORY

Month/year of last PHYSICAL EXAM _____ Doctor _____

Results: _____

Month/year of last VISION TEST _____ Doctor _____

Results: _____

Month/year of last HEARING TEST _____ Doctor _____

Results: _____

Did/does child wear a hearing aid? Yes _____ No _____ Glasses? Yes _____ No _____

If yes, explain: _____

Dates of other pertinent medical examinations (e.g., neurological, psychological):

Date _____ Doctor _____ Results: _____

Date _____ Doctor _____ Results: _____

Date _____ Doctor _____ Results: _____

Date _____ Doctor _____ Results: _____

EDUCATIONAL HISTORY

Does your child attend? Daycare _____ Preschool _____ Kindergarten _____ Grade School _____

Name of School _____ Grade/Level _____

In school, does he/she do: average _____ below average _____ above average _____ work

What are the child's best subjects? _____

Has he or she repeated a grade? Yes _____ No _____ If yes, which one(s)? _____

What is your impression of your child's learning abilities? _____
