

## Confidential Speech/Language Developmental History

Glen Ellyn School District #41: Hadley Junior High

Alexis Dettmer M.A. CCC-SLP/L

### Student Information

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Form Completed by \_\_\_\_\_ Date \_\_\_\_\_

### Parents/Legal Guardian *(Check all that apply)*

With whom does your child live?

Biological Parents     Adoptive Parents     Foster Parents     Grandparent

Mother     Father     Stepmother     Stepfather     Sibling     Guardian

Parents/Legal Guardians Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

Who lives at home? \_\_\_\_\_

Are there any languages other than English spoken at home?     Yes     No

If yes, what languages? \_\_\_\_\_ By whom? \_\_\_\_\_ How often? \_\_\_\_\_

### Areas of Concern *(Check all that apply)*

Behavioral/emotional

Slow development

Health/medical

Immature language usage

Vision problems

Social difficulties

Speech difficult to understand

Stuttering

Difficulty understanding language

Slow motor development

Listening

Other \_\_\_\_\_

Has a physician, psychologist, or other diagnostic specialist evaluated your child for educational purposes?

Yes     No    If yes, was a diagnosis determined?     Yes     No

What was the diagnosis? \_\_\_\_\_

Name of Specialist: \_\_\_\_\_

Does your child receive private speech/language therapy?     Yes     No

If so, where? \_\_\_\_\_

May I contact the SLP?     Yes     No

### Developmental History

Was pregnancy typical?     Yes     No    Birth weight: \_\_\_\_\_

If no, explain any complications: \_\_\_\_\_

Was your child:  Full term  Premature If premature, at how many weeks? \_\_\_\_\_  
Baby's condition at birth (jaundice, breathing problems, etc.) \_\_\_\_\_

Motor development (*List appropriate ages*):

Sat alone \_\_\_\_\_ Crawled \_\_\_\_\_ Stood alone \_\_\_\_\_

Walked independently \_\_\_\_\_

List any significant past or present health problems (e.g. serious injury, high temperature or fever, seizures, allergies, asthma, frequent ear infections, head trauma, etc.) \_\_\_\_\_

List any medications taken on a regular basis \_\_\_\_\_

List ongoing medical treatments (e.g. PE tubes, inhalers, ear wax removal): \_\_\_\_\_

### Speech and Language Development

(*List approximate ages*)

\_\_\_\_\_ Spoke first words that you could understand (other than "mama" or "dada")

\_\_\_\_\_ Used two-word sentences

\_\_\_\_\_ Spoke in complete sentences

Does your child communicate primarily using verbal speech?  Yes  No

Does your child communicate primarily using gestures?  Yes  No

Does your child communicate primarily using an AAC device?  Yes  No

Is your child's speech difficult for others to understand?  Yes  No

Does your child have difficulty following directions?  Yes  No

Does your child answer questions appropriately?  Yes  No

Does your child have friends that he/she interacts with regularly?  Yes  No

### Social Development

What opportunities does your child have to play with children of his/her age? \_\_\_\_\_

What play activities does your child enjoy? \_\_\_\_\_

Does she/he play primarily \_\_\_\_\_ alone? \_\_\_\_\_ with other children?

Does she/he enjoy *pretend play*?  Yes  No

Do you have concerns about your child's behavior?  Yes  No If yes, please explain: \_\_\_\_\_

Is there anything else you would like to share about your child? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for helping me to get to know your child! If you have any questions or concerns, please don't hesitate to contact me at: [adettmer@d41.org](mailto:adettmer@d41.org)