

## Case History Form – Child Speech Development

### General Questions:

Why does your child need speech therapy?

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What specific problem is present?

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Who referred your child for speech therapy?

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Are you willing to support speech therapy by practicing regularly at home?

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### Medical History:

When was your child's hearing last tested? Were there any abnormalities?

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Does your child frequently have middle ear infections?

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Has your child had any surgeries in the ear, nose, or throat area (e.g., adenoid removal, tonsillectomy, insertion of ventilation tubes in the eardrum)?

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Does your child have any illnesses, syndromes, or allergies?

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Does your child take any medication?

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## **Multilingualism:**

Which languages does your child speak?

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Which language did your child learn first?

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Which family member speaks which language with your child?

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Since when has your child been exposed to the German language?

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Do you speak only your native language at home?

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## **Pregnancy and Birth:**

Were there any complications during pregnancy that affected your child?

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Were there any complications during birth?

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Were your child's Apgar scores (newborn condition assessment) normal?

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Was your child born at the expected due date?

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## Speech Development:

At what age did your child start saying their first words?

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How does your child express their needs?

☐ Gestures ☐ Single words ☐ Short sentences ☐ Long sentences

Does your child enjoy speaking and want to communicate a lot?

☐ Yes ☐ No

Does your child speak with other children or adults?

☐ Yes ☐ No

How has your child's speech development progressed?

☐ Normal ☐ Hesitant ☐ Slow ☐ Problems with vocabulary

☐ Problems with pronunciation ☐ Problems with sentence structure/grammar

Are there any speech or language problems in the family?

☐ Yes ☐ No

Does your child receive other therapies?

☐ Occupational therapy ☐ Physical therapy ☐ Psychotherapy ☐ Physiotherapy

## Gross and Fine Motor Skills:

At what age did your child start crawling and walking?

- My child was \_\_\_\_\_ months old when they started crawling.
- My child was \_\_\_\_\_ months old when they started walking.

How would you assess your child's coordination skills?

☐ Skillful ☐ Clumsy ☐ Noticeable difficulties in: \_\_\_\_\_

Does your child fall frequently?

☐ Yes ☐ No

## Oral Motor Skills:

Was your child breastfed, and if so, for how long?

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Were there any difficulties with breastfeeding or bottle-feeding (e.g., enlarging the nipple hole)?

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How long did your child use a pacifier?

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Do you notice that your child's mouth is often open, even at night?

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Does your child snore or have audible breathing noises at night?

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Does saliva frequently escape from your child's mouth?

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Are there any current issues with your child's eating habits (e.g., prefers only soft foods, avoids solid textures, specific food preferences or aversions)?

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## Play Behavior:

My child has attended kindergarten since \_\_\_\_ at (name of kindergarten) in (city)

My child has attended school since \_\_\_\_ at (name of school) in (city)

Does your child have friends at kindergarten/school?

☐ Yes ☐ No

Can your child follow rules?

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Does your child have siblings?

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Is your child aware of their speech disorder?

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How do other children/adults react to your child's speech difficulties?

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Does your child maintain eye contact while speaking or playing?

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