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## SPEECH THERAPY CHILD HISTORY

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child's School & Grade: \_\_\_\_\_

Sisters and Brothers in the household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of the person completing this form: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Who referred you to Story Stage? \_\_\_\_\_

**STATEMENT OF CONCERN:**

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

Describe the problem:

\_\_\_\_\_

\_\_\_\_\_

Is this the first evaluation for this concern? If not who else has seen this child?

Who

When

Outcome

\_\_\_\_\_

\_\_\_\_\_

Does this child have any food allergies? \_\_\_\_\_

**Developmental Milestones**

Age child began babbling: \_\_\_\_\_

Age child spoke first words: \_\_\_\_\_

Age child used sentences: \_\_\_\_\_

Age child began conversing: \_\_\_\_\_

Age child began crawling: \_\_\_\_\_

Age child began walking: \_\_\_\_\_

How well is your child's speech understood by family members?

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How well is your child's speech understood by strangers?

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How well does your child interact in social situations?

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How well does your child have conversations about something that happened yesterday?

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**INTEREST INVENTORY:**

What are your child's interests and favorite activities?

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Does your child have any fears (e.g. stuffed animals, loud noises)?

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**SCHOOL AND INTERVENTION HISTORY:**

If your child is in school, are there any concerns about academic performance?      Yes      No

If so, please explain: \_\_\_\_\_

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Has child received speech therapy previously?

Yes      No

If so, where, and what were the major goals? \_\_\_\_\_

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Does the child receive special help in school?      Yes      No

If so, please explain:

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Has the child been evaluated by other professionals (e.g. Occupational Therapy, Physical Therapy, Psychology, etc.)?

Yes      No

If so, please explain: \_\_\_\_\_

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Is there anything else you wish to add that would help insure a positive experience for your child?

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Thank you very much for your help and for the information you provided. If you have any questions please contact us at (817) 939-6399.