

## **Case History Information**

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FAIRFIELD PUBLIC SCHOOLS  
Fairfield, Connecticut

Questionnaire

Date \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ B \_\_\_ G \_\_\_ B/D \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_

<u>Full Name</u>	<u>Street</u>	<u>City</u>	<u>Zip</u>	<u>Phone</u>

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Other Children (in order of age) :

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>School</u>	<u>Grade</u>	<u>School Difficulties</u>
_____					
_____					
_____					
_____					

Others in Home: \_\_\_\_\_

<u>Name</u>	<u>Relationship</u>
_____	
_____	
_____	

PRENATAL INFORMATION:

Length of pregnancy: \_\_\_\_\_ Rh Factor: \_\_\_\_\_

Mother's illness or accidents: \_\_\_\_\_

Other: \_\_\_\_\_

BIRTH:

Term: \_\_\_\_\_ Premature \_\_\_\_\_ Late: \_\_\_\_\_ Birth Wgt: \_\_\_\_\_ Length of Labor \_\_\_\_\_

Complications of delivery: \_\_\_\_\_ Difficulty breathing: \_\_\_\_\_ Cord around neck: \_\_\_\_\_

Color: \_\_\_\_\_ Cry: Weak: \_\_\_\_\_ Strong: \_\_\_\_\_

Resuscitation: \_\_\_\_\_ If used: (Oxygen – Drugs – Incubator ) \_\_\_\_\_

Other: \_\_\_\_\_

Describe any feeding or diet problem (during first year of life) :

Describe sleeping and rest habits:

Health History

Colic: \_\_\_\_\_ Allergies: \_\_\_\_\_ Convulsions: \_\_\_\_\_ High Fevers: \_\_\_\_\_

Anything unusual? \_\_\_\_\_

Childhood Illnesses: (At what age, how severe, special treatment or medication)

Rubella ( 3 day German) or Rubeola regular measles \_\_\_\_\_

Mumps \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Ear Infections \_\_\_\_\_

Pneumonia \_\_\_\_\_

Scarlet Fever \_\_\_\_\_

Other \_\_\_\_\_

Any chronic condition \_\_\_\_\_

Current medication \_\_\_\_\_ Dose \_\_\_\_\_ Reason \_\_\_\_\_

Hospitalization:

Where

Date

Illness

Child's Reaction

\_\_\_\_\_

\_\_\_\_\_

Accidents:

What Kind?

What Treatment?

Child's Attitude?

\_\_\_\_\_

\_\_\_\_\_

Does child wear glasses? \_\_\_\_\_ Since what date? \_\_\_\_\_

Does child wear hearing aid? \_\_\_\_\_ Since what date? \_\_\_\_\_

Special tests (EEG, etc.) :

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List audiologists, eye specialists, and hearing aid dispensers who have cared for your child:

Name

Address

Phone

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Family Doctor:

Name

Address

Phone

List other doctors and agencies who have cared for your child:

Date

Name

Address

Reason

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DEVELOPMENT:

At what age did he/she begin to: (in months)

1. Sit \_\_\_\_\_

6. Dress Self \_\_\_\_\_

11. Language Development:

2. Crawl \_\_\_\_\_

7. Feed Self \_\_\_\_\_

a. Words \_\_\_\_\_

3. Walk Alone \_\_\_\_\_

8. Ties Shoes \_\_\_\_\_

b. Phrases \_\_\_\_\_

4. Run \_\_\_\_\_

9. Ride Tricycle \_\_\_\_\_

c. Sentences \_\_\_\_\_

5. Skip \_\_\_\_\_

10. Ride Bicycle \_\_\_\_\_

At any time in his/her development did your child do any of the following? (Give ages):

Frequent crying \_\_\_\_\_

Withdrawal from others \_\_\_\_\_

Temper tantrums \_\_\_\_\_

Destructiveness \_\_\_\_\_

Lying \_\_\_\_\_

Fighting \_\_\_\_\_

Stuttering \_\_\_\_\_

Nail Biting \_\_\_\_\_  
Thumb sucking \_\_\_\_\_  
Puling of hair \_\_\_\_\_  
Daydreaming \_\_\_\_\_  
Bedwetting \_\_\_\_\_  
Fall (coordination) \_\_\_\_\_  
Overactive \_\_\_\_\_

Do any of these terms apply to your child?

Timid \_\_\_\_\_

Sad \_\_\_\_\_

Sensitive to criticism \_\_\_\_\_

Moody \_\_\_\_\_

Fearful \_\_\_\_\_

Friendly \_\_\_\_\_

Nervous \_\_\_\_\_

Affectionate \_\_\_\_\_

Too dependent \_\_\_\_\_

Irritable \_\_\_\_\_

Independent \_\_\_\_\_

Domineering \_\_\_\_\_

Prefers to be alone \_\_\_\_\_

Restless sleeper \_\_\_\_\_

Uncoordinated \_\_\_\_\_

Prefers company of adults \_\_\_\_\_

Discuss any behavior that is a problem to parents ( i.e., overactivity, withdrawal, sensitivity) :

\_\_\_\_\_

What are the child's favorite activities?

\_\_\_\_\_

How does he/she relate to (play with) other children, including siblings?

\_\_\_\_\_

What are the most frequent discipline problems with your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who does most of the disciplining and how?

\_\_\_\_\_

\_\_\_\_\_

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Do you feel your child's speech has changed in the last 3 – 6 months?

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Do you feel he/she has changed in behavior in the last 3 - 6 months?

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Is there any family history of the following?

Relationship to child

Late in learning to speak? \_\_\_\_\_

Poor school achievement,  
repeated grades, etc. \_\_\_\_\_

Reading problem \_\_\_\_\_

Speech or hearing disorder \_\_\_\_\_

Mental retardation \_\_\_\_\_

Epilepsy or Seizures \_\_\_\_\_

SCHOOL HISTORY:

Were there any initial problems in starting school?

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Were there any areas of academic weakness?

General attitude about school:

Significant school factors:

Signature of person completing this form

Relationship to child

bso  
5/99



## **Sample Supplemental Case History Questions: Exposure to Communication Building Experiences**

Children should not be determined eligible for special education speech and language services if the primary reason for their communication problems is lack of exposure to experiences that are likely to foster normal communication development. Poverty and minority language/culture status may be risk factors in the development of English communication skills; however, they are not automatically causes of speech-language impairments.

Gathering information about the opportunities the child has had to develop normal communication must be undertaken with sensitivity to, and respect for, the family. The questions below should be viewed as examples of leads to explore. Other questions and the particular format for securing the information (e.g., oral or written, closed or open-ended questions) will no doubt emerge from knowledge about a particular child and family. Information from the general case history will also provide information about language building experiences.

If the SLP is not able to gather such information directly from the parent, other school personnel, such as the teacher, social worker, psychologist or nurse, may be of assistance. Some of this information may already be on file on questionnaires related to school enrollment or from interviews related to other services the child may have received.

1. How would you describe your child? Quiet? Talkative? A Loner? Sociable? etc.
2. How would you say your child's speech and language (understanding and talking) compare to other children you know who are his/her age?
3. What is the family's routine on school days? on week-ends? during school vacations?
4. Do you have a chance to do things alone with your child? How often? How does your child react?
5. What kind of activities do you enjoy doing with your child? (e.g., baking/cooking, reading, coloring, playing games, watching television) How would you rate the amount of talking that goes on during these activities? What do you talk about? Who would you say does more of the talking during these activities?
6. Do you take your child along when you do errands (e.g., grocery shopping)? How often? Where do you go? How would you rate the amount of talking that goes on between you and your child during these times? What do you talk about? Who would you say does more of the talking?
7. Does your child go to any programs before or after school? What kind? Who runs the program? Are other children there also? What does your child do there?

8. If given a chance to choose what he/she would like to do, what kind of activity is your child likely to pick?
9. If given a chance to choose a present, what would your child pick?
10. Have you ever been able to take your child on a special outing (e.g., to the beach, amusement park, museum, circus, library)? How often are you able to take such outings? What do you talk about during these trips?
11. Does your child help you with any chores (e.g., setting the table, washing dishes, sorting laundry)? What do you talk about when you are doing these things?
12. Who looks after your child when you have to go out without him/her? What do they usually do with your child?
13. Does your child like to get together/play with other children? same age? older? younger? What do the children do when they get together/play?
14. Does your child ever play school? Describe.
14. Does your child ask you to play with him/her? How often? What does he/she ask you to play?
15. Does your child ask you to tell him/her stories? How often? Does he/she have a favorite story?
16. Does your child ask you to read to him/her? How often? Does he/she have a favorite book?
17. Does your child like to color/draw? pretend to write?
18. When your child needs to be disciplined, what methods do you use? Which one(s) does your child respond to best?
19. What discipline methods do other caregivers use?

## **Sample Supplemental Case History Questions: Children Acquiring English as a Second Language**

### **Family History:**

1. Who lives with the child?
2. What languages do they speak?
3. Who else spends time with the child?
4. What languages do they speak?
5. What language does the child use most often at home?
6. What language does the child use most often with playmates?

### **Language Development History:**

1. At what age did the child first begin to hear English?
2. What was your child's speech/language like when he/she first began hearing English?  
(Compare with siblings and native language peers.)
3. Once English was introduced, did native language use decrease?
4. What language does your child understand better? (best?)
5. What language does your child speak better? (best?)
6. In which language does your child usually answer when you speak to him/her?
7. What language does your child prefer to speak? In what situations?
8. In what language does your child listen to the radio or watch TV?
9. In what language does your child read for pleasure?
10. What is your child's favorite storybook?

### **Educational History:** Trace school placement and language of instruction grade by grade

1. Did your child go to day care? Head Start? nursery school? In what language(s) were these programs?
2. When did your child first start school?
3. What language(s) was your child speaking at that time?
4. Was your child speaking one language better than another at that time?
5. Does/Did your child receive ESL services? When? How long? How often?
6. Has/had your child been in any bilingual education programs? When? How long? How often?

### **Parents' Background:**

1. What is the parents' educational level?
2. What is parent's native language and English proficiency?

**Other Questions:**

1. How often do you (have you been able to) visit your native country?
2. How long do you typically stay there?
3. What language does your child generally use with you during those visits?
4. What language does your child use with other family and friends during those visits?
5. When was your last visit? How long was that visit?
6. Did your child miss school to make that (those) visit(s)? How much?
7. Does your child hear English during those visits? How much?
8. What was your child's native language skill like when you returned?
9. What was your child's English language skill like when you're returned?

## Sample Supplemental Case History Questions: Voice

This information may be sought from the parent, child and teacher (except information about drug/alcohol abuse, which should come from the parent and/or child).

1. How would you describe the child's voice problem?
2. How long has the problem existed?
3. Who first noticed the problem?
4. Have others commented on the child's voice? Who? What comments?
5. Does the child's voice sound different from the voice of other children of the same age, sex, culture?
6. Does the voice sound different at different times of the day? How? When?
7. How would you rate the amount of voice by the child in the following situations?

<b>Situation</b>	<b>Not Applicable</b>	<b>Don't Know</b>	<b>Not Much</b>	<b>A Little</b>	<b>A lot</b>
Classroom					
Playground					
Cafeteria					
Gym Class					
Singing: solo					
Singing: choral					
Singing with Band					
Theater					
Debate Club					
Public Speaking					
Athletic Events					
Cheerleading					
Telephone Talk					

8. Has the child ever had performance lessons (singing/public speaking/theater)?
9. If the child performs (singing, public speaking, debating, theater), how often does he/she practice? In what size room does the performance usually occur? How long does he/she typically practice?
10. How much water does the child consume each day?

11. Does the child have a history of smoking? drug or alcohol use/abuse? caffeine consumption (coffee, soda)? exposure to smoky environments? How much?
12. Has the child had any of the following medical conditions or treatments? If yes, give frequency, dates where applicable

Condition/Treatment	Yes	No	Comments (e.g., dates, frequency, results)
Colds			
Allergies			
Sinus Problems			
Post Nasal Drip			
Asthma			
Neurological Problems			
Emotional Trauma			
Serious Illnesses, e.g., Pneumonia			
Tonsillectomy			
Adenoidectomy			
Other Hospitalizations			
Intubation			
Esophageal Reflux			
Swallowing Problems			
X-Ray Treatment			
Chemotherapy			
Accidents			

13. Does the child engage in any of the following behaviors? What is the effect on the voice?

Behavior	Effect
Throat Clearing	
Excessive Coughing	
Loud Talking/Laughing	
Shouting	
Imitation of Unusual Noises, e.g., animal sounds, t.v. characters	
Grunting	

## PARENT INTERVIEW-FLUENCY

Name

Address

Phone

Date of Birth

This Form Completed By

Relationship to Student

1. Give approximate or exact date at which stuttering was first noticed.
2. Who first noticed the stuttering?
3. In what situation was it first noticed or commented upon? Under what circumstances did it occur?
4. At the time when stuttering was first noticed, did the stutterer seem to be aware of the fact that he was speaking in a different manner?
5. Did he ever show surprise or bewilderment after he had trouble on a word? If so, how did he show such reactions?
6. Was there an awareness of stuttering, by the student in any way at first? If so, amplify your answer. After having a lot of trouble on a word, was *any* of the following observed:
  - a. Suddenly stop trying?
  - b. Suddenly leave the speech situation?
  - c. Shout the word? Cry? Hit someone? Smash something? Spit upon somebody? Hide his face? Laugh? Do something else?
  - d. Seem to be a little more careful with his speech in attempting words on which he had difficulty? How? By lowering voice? By slowing down? By ceasing other bodily activity for the moment? By looking straight ahead of him for the moment? By shifting his gaze away from the listener? Any other way?

7. What attempts have been made to correct the stuttering?
8. At the time when stuttering was first noticed, was trouble encountered more in some situations than in others? If so, what were they?
9. Did stuttering occur more often when speaking to certain people? Who?
10. Were there any topics of conversation with which he had more trouble?
11. Did excitement seem to cause more stuttering?
12. Did he talk to strangers with less trouble than to people he knew well?
13. At the time when stuttering began, did fatigue, fear, illness, or pressing need for communication seem to cause more trouble?
14. Since the stuttering first began, has there been any change in the stuttering symptoms?
15. Did you notice a gradual increase in the words stuttered upon?
16. Were there any instances in which the number of troublesome words and number of repetitions suddenly increased?



Table 3-1  
Question Outline for Parents

Questions
1. Why are you here today?
2. Tell me about your child's problem.
3. Who referred you?
4. Please describe the stuttering behavior <ol style="list-style-type: none"><li>Frequency</li><li>Duration</li><li>Overt behaviors</li><li>Covert behaviors</li><li>Variability</li></ol>
5. Tell me about normal speaking times
6. Please describe your child's daily activities
7. How does your child speak with other people?
8. What do teachers report?
9. How do you help your child to speak better?
10. Has anything changed during the last 6 months?
11. Tell me about previous therapy
12. Does anyone in your immediate or extended family stutter?
13. Summarize your child's medical history
14. Summarize your child's educational history
15. What do you believe causes stuttering?

Source: Culatta, R. and Goldberg, S. *Stuttering Therapy: An Integrated Approach to Theory and Practice*. Needham Heights, MA: Allyn and Bacon, 1995, p.55. Reprinted with permission.

## Question Outline for Children

### Questions

1. Why are you here today?
2. Tell me about your speech
3. Tell me what you do when your speech is bumpy
4. Tell me what you think about when your speech is bumpy
5. Tell me how you feel when your speech is bumpy
6. Is your speech sometimes smooth and sometimes bumpy
7. Why do you think your speech is bumpy?
8. Tell me about the times when your speech is smooth
9. What happens when you go from smooth to bumpy speech or from bumpy speech to smooth speech?
10. Can you make your speech become smooth or bumpy?
11. What do you do make your speech smooth?
12. Has anyone helped you before to speak smoothly?
13. Tell me what they did to help you

Source: Culatta, R. and Goldberg, S. *Stuttering Therapy: An Integrated Approach to Theory and Practice*. Needham Heights, MA: Allyn and Bacon, 1995, p.66. Reprinted with permission.

## Less Threatening Questions for Children and Young Adolescents

### Questions

1. Do you know why your Mom and Dad brought you here?
2. Has anyone ever said anything to you about how you talk?
3. Who?
4. What did they say?
5. Has anyone ever told you things you can try to make it easier to talk?
6. What did they say to do?
7. Did it work?
8. Who do you like to talk to at school?
9. Who do you like to talk to at home?
10. Who don't you like to talk to at school/home?
11. Why?
12. Who are the best talkers at your school?
13. Who are the worst talkers at your school?
14. Where do you fit in?

Source: Culatta, R. and Goldberg, S. *Stuttering Therapy: An Integrated Approach to Theory and Practice*. Needham Heights, MA: Allyn and Bacon, 1995, p .66. Reprinted with permission.

## Question Outline for Adolescents

### Questions

1. Why are you here today?
2. Tell me about your speech
3. Who referred you?
4. Please describe the stuttering behavior
  - a. How often
  - b. How long
  - c. Things people can see
  - d. Things no one else can see
  - e. How does it change
5. Tell me about the good speaking times
6. Tell me about speech therapy you have had
7. Why do you think you stutter?
8. Has anything big changed recently?
9. Tell me the kind of things you do each day
10. Tell me about the times when your speech is good
11. What changes when you go from easy speech to stuttering or from stuttering to easy speech?
12. What do you do that allows you to go from one to the other?
13. What do you do when you really try to speak fluently (smoothly)?
14. Have you ever been in speech therapy before?
15. Tell me what you did in speech therapy

Source: Culatta, R. and Goldberg, S. *Stuttering Therapy: An Integrated Approach to Theory and Practice*. Needham Heights, MA: Allyn and Bacon, 1995, p .61. Reprinted with permission.