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## Child Case History Form—Complete & Bring to Program on your first day

# General Information

Child's Name: Date of Birth:

Mother's Name:

Mobile: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Street or Mail Address:

City/Suburb: Post Code:

Father's Name:

Mobile: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Street or Mail Address:

(if different from above)

City/Suburb: Post Code:

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brothers and Sisters (include names and ages):

**Medical History**

Please indicate if your child has had or now has any of the following:

Allergies Asthma Chicken pox

Seizures Ear Infections Headaches

Epilepsy Sinus Other

Has the child had any surgeries? If yes, what type and when (e.g., tonsillectomy, adenoidectomy, etc.)?

Describe any major accidents or hospitalizations.

You must provide us with a copy of Asthma, Epilepsy or (Allergy) EpiPen plans. These need to be within the last 12 months.

Is the child taking any medications? If yes, identify. IF YES—you must provide us a list of medications and tell us if your child is taking the medication while on the program.

If we are to administer any prescription medications during the program-we need to actually see the bottle / container with details about dosage, frequency, and timing of giving the medication. You must give this to the staff at the front desk everyday.

Write here—what you will give us and details about the dosage and frequency and timing.

Please sign our EMERGENCY Medical Form.

What languages does the child speak? What is the child's primary language?

What languages are spoken in the home? What is the primary language spoken?

Describe your child's speech–language--literacy problem.

When was the problem first noticed? By whom?

What do you think may have caused the problem?

Has the problem changed since it was first noticed?

Is the child aware of the problem? If yes, how does he or she feel about it?

Have any other speech–language specialists seen the child? Who and when? What were their conclusions or suggestions? PLEASE PROVIDE US WITH PREVIOUS REPORTS.

Have any other specialists (physicians, psychologists, special education teachers, etc.) seen the child? If yes, indicate the type of specialist, when the child was seen, and the specialist's conclusions or suggestions. PLEASE PROVIDE US WITH ANY PREVIOUS REPORTS that you have NOT already provided. Assessment & Therapy reports are really needed.

How have you tried to help the problem?

What is your child really good at? What does he /she really like doing?

**Educational History**

School: Grade:

How is your child doing academically?

What special services or support does your child receive?

How does the child interact with others (e.g., shy, aggressive, uncooperative, etc.)?

Provide any additional information that might be helpful in the evaluation or remediation of the child's problem.

Person completing form:

Relationship to child:

Signed: Date: