

# Linguistic Foundations

Evaluations of Spoken & Written Language

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## PARENT QUESTIONNAIRE – CASE HISTORY

Please answer these questions the best you can. Thank you.

### PERSONAL INFORMATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Family Member(s) living at home \_\_\_\_\_

\_\_\_\_\_

Secondary Address (if applicable) \_\_\_\_\_

Family Members not living at home \_\_\_\_\_

\_\_\_\_\_

Pediatrician's Name \_\_\_\_\_

Pediatrician's Address \_\_\_\_\_ Phone \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_

How many years at this school? \_\_\_\_\_

Do any family members have a history of *language* or *learning* difficulties? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# PREGNANCY/BIRTH HISTORY

- 1. Name of hospital where your child was born \_\_\_\_\_
  
- 2. Were there any medical complications during your child's pregnancy? \_\_\_\_\_  
\_\_\_\_\_
  
- 3. Was your child born premature? \_\_\_\_\_ If Yes, how long? \_\_\_\_\_
  
- 4. How long was labor? \_\_\_\_\_ Was your child born Cesarean section? \_\_\_\_\_
  
- 5. What was her/his weight at birth? \_\_\_\_\_ APGAR scores \_\_\_\_\_
  
- 6. Were there any medical complications during your child's pregnancy or birth? \_\_\_\_\_  
\_\_\_\_\_
  
- 7. Did s/he have any feeding or weight-gain concerns? \_\_\_\_\_
  
- 8. Did s/he go home with Mother from hospital? \_\_\_\_\_
  
- 9. Did s/he spend time in a NICU? \_\_\_\_\_ If Yes, which hospital? \_\_\_\_\_
  
- 10. Please describe the reason and the length of the stay there \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# LANGUAGE AND SPEECH DEVELOPMENT

- 1. At what age did your child first babble? \_\_\_\_\_
  
- Say single words? \_\_\_\_\_ Speak in phrases? \_\_\_\_\_
  
- Put together sentences? \_\_\_\_\_

2. Was your child quiet or talkative? \_\_\_\_\_  
\_\_\_\_\_

3. Did s/he need to point to get needs met? \_\_\_\_\_

If your child was frustrated in trying to communicate, please describe. \_\_\_\_\_  
\_\_\_\_\_

4. Was/Is your child able to follow directions? \_\_\_\_\_  
\_\_\_\_\_

5. Has s/he enjoyed having stories read at home? \_\_\_\_\_  
\_\_\_\_\_

6. Does your child enjoy conversations and social interactions? \_\_\_\_\_  
\_\_\_\_\_

7. Has your child had Ear Infections? Describe the age(s) and the number of times. \_\_\_\_\_  
\_\_\_\_\_

Were PE tubes inserted? (if Yes, please name date and length of time) \_\_\_\_\_  
\_\_\_\_\_

Has your child ever had a full hearing (Audiological) evaluation? \_\_\_\_\_  
\_\_\_\_\_

8. Has s/he had a Speech-Language Evaluation? (if Yes please describe results/time/place) \_\_\_\_\_  
\_\_\_\_\_ Do you have results of that Evaluation? \_\_\_\_\_

9. Has your child received speech and language services? (if Yes please describe results/time/place) \_\_\_\_\_  
\_\_\_\_\_

# GENERAL DEVELOPMENTAL HISTORY

1. At what age did your child crawl? \_\_\_\_\_ Walk independently? \_\_\_\_\_

Do you have any motor or muscle concerns? \_\_\_\_\_

2. Has your child had a physical therapy or occupational therapy services? (if Yes, please describe) \_\_\_\_\_

3. Has your child ever received Early Intervention services? (if Yes please describe these services) \_\_\_\_\_

4. Does your child wear glasses or have any vision difficulties? \_\_\_\_\_

5. Is your child able to participate in physical activities? \_\_\_\_\_ If not, please describe any limitations.

6. Does your child have any attention difficulties? \_\_\_\_\_ Does s/he have a diagnosis of ADD or ADHD?

\_\_\_\_\_ Does s/he take medication for attention concerns? \_\_\_\_\_

If so, which medication(s)? \_\_\_\_\_

Do you have an evaluation for this diagnosis? \_\_\_\_\_

7. Has s/he had any long-term medical conditions? \_\_\_\_\_

Any long-term medications? \_\_\_\_\_

8. How is your child's health currently? \_\_\_\_\_  
\_\_\_\_\_

Any current medications? \_\_\_\_\_

9. Has s/he had any developmentally-related evaluations completed outside of school? \_\_\_\_\_

(if Yes please describe type/results/time/place) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Do you have results of these Evaluations? \_\_\_\_\_

## SCHOOL HISTORY

1. Please list the schools your child has attended, starting with preschool settings.

School Name	Location	Grades/Years
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. If your child was in a preschool setting, did s/he receive any language or learning support? \_\_\_\_\_

If Yes, what type of support? \_\_\_\_\_

3. Please describe any difficulties your child has had with language and/or in learning to read & write \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What subject(s) in school are your child's strengths? \_\_\_\_\_  
\_\_\_\_\_

What subject(s) are her/his weaknesses? \_\_\_\_\_  
\_\_\_\_\_

5. Please describe your child's current oral language skills (speaking and listening) in school and at home.

\_\_\_\_\_

Please describe her/his current reading/writing ability \_\_\_\_\_

\_\_\_\_\_

6. Does s/he receive any extra support either in class or outside of class? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Is s/he on an Individualized Educational Plan (IEP)? \_\_\_\_\_

If Yes, since what grade has the IEP been in effect? \_\_\_\_\_

In which areas does your child receive support through the IEP? \_\_\_\_\_

\_\_\_\_\_

8. Has your child has any special education testing done in the school (e.g. – speech-language, psychological, educational, PT/OT)? Please describe type/time/location as best you can.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OTHER

1. \*Please list the names of professionals (e.g. – doctors or school personnel) who may have information (records or evaluation reports) that may be helpful to access. A consent which requests access to this information may be completed and sent to these professionals.

name \_\_\_\_\_

address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

phone \_\_\_\_\_

fax \_\_\_\_\_

\*Whatever information you can find will be appreciated.

2. Is there any additional Information or thoughts you would like to include? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for your assistance in completing this form.**