

**Baylor University Center for Developmental Disabilities  
Case History Form**

This information is strictly confidential and cannot be provided to individuals or agencies  
without written consent.

**CHILD HISTORY**

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

**Identifying Information**

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

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: Male Female Current grade in school: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Mother/Guardian's Name:** \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_ Age: \_\_\_\_\_

Address (if not same as above): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

**Home Language** \_\_\_\_\_ **Other languages spoken in the home** \_\_\_\_\_

**Have you been seen at this facility previously?** \_\_\_\_\_ **Date/s:** \_\_\_\_\_

Does your child have hearing problems? **Y N** If yes, what is being done?

\_\_\_\_\_

Does your child have vision difficulties? **Y N** If yes, what is being done?

\_\_\_\_\_

**I. Statement of Problem/ Referral:**

Describe as completely as possible the speech, language, hearing, and/or behavioral problem.

\_\_\_\_\_

**Referral Source:**

When the problem was first noticed?

\_\_\_\_\_

How has the problem changed since you first noticed it?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What has been done about it? Has this helped?

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What do you hope to learn from this screen/evaluation?

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**Please place an "X" beside any of the evaluations or services your child has been provided and the approximate dates:**

Speech therapy: _____		Physical therapy: _____	
Occupational therapy: _____		Cook's Children's Hospital, Dallas	
Scottish Rite Hospital, Dallas		Callier Center, Dallas	
Klaras Center, Waco		MHMR, Waco/other	
Child Protective Services		Counseling services	
Psychological services		Public school	
Audiology		Other	

**List diagnosis/es:** \_\_\_\_\_

**Describe services:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Family

Other Children (including step-siblings and half-siblings, foster, adopted):

Name	Age	Sex	In Home:	School/behavioral/health Problems

Is the child adopted? \_\_\_\_\_ Age adopted \_\_\_\_\_

If adopted, describe the child's relationship with the parents and/or guardian(s) Does the child have contact with his/her biological parents?:

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Others living in the home:

Name	Age	Sex	Relationship	School/behavioral/health Problems


**Birth Mother**

**Birth Father**

Describe any learning difficulties:

Describe any learning difficulties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any behavioral problems of either parent and treatment provided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any psychological or psychiatric problems of parent(s) for which treatment was received:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any parental history of Attention-Deficit/Hyperactivity Disorder? Describe treatment if any:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This information is important for diagnosis and treatment. Please answer carefully and specifically.**

**Histories**

This information might be important for diagnosis and treatment so please answer carefully and specifically.

**Prenatal and Birth History**

**A. Pregnancy**

Length in months \_\_\_\_\_

If problems existed, please check those that apply and specify trimester:

Excessive bleeding		German measles		Mother – bed rest	
High blood pressure		Diabetes		Smoking	
Previous miscarriage		RH incompatibility		Brain injury	
Toxemia		X-ray treatment		Serious accident	
Premature membrane/ Rupture		Mother- alcohol use / abuse		Mother – drug use / abuse	

Comments or other illnesses/complications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any medications taken during pregnancy: \_\_\_\_\_  
 \_\_\_\_\_

**B. Birth**

Normal Birth \_\_\_\_\_ APGAR Score: \_\_\_\_\_

Length of labor \_\_\_\_\_ Birth weight \_\_\_\_\_ Birth length \_\_\_\_\_

If problems existed, please check those that apply:

Vaginal birth		C-Section		Breach	
Breathing problems		Jaundice		Extended hospital stay	
Incubator		Cyanosis		Seizures	
Injury		Deformity		Infection	
Anoxia		Difficult delivery		Feeding difficulty	
Cleft/ lip palate		Swallowing/sucking problems		Physical Abnormalities Specify _____	

Explain any complication related to birth \_\_\_\_\_  
 \_\_\_\_\_

Other problems or comments regarding infancy or early childhood development: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Did any event, health condition, separation, etc., disturb early infant/mother bonding or the developing toddler/mother relationship? If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. Child Development**

Your general impression of the child's overall cognitive development:

slow \_\_\_\_\_ normal \_\_\_\_\_ advanced \_\_\_\_\_

**A. Motor development**

slow \_\_\_\_\_ normal \_\_\_\_\_ advanced \_\_\_\_\_

Give ages at Milestones:

Sat alone		Crawled		Reach and grasp	
Walked		Potty trained (day)		Fed self	
Ran well		Potty trained (night)		Dressed self	
Scribbled		Tied shoes			

Explain/note any motor difficulties: \_\_\_\_\_  
 \_\_\_\_\_

## B. Speech and Language Development

### Receptive Language

(the child's ability to understand language and speech):

	Yes	No	Sometimes
Difficulty understanding explanations and instructions			
Difficulty following and comprehending stories read aloud			
Difficulty perceiving what other people say (often says "what?", "what do you mean?")			
Difficulty with abstract concepts such as "the day after tomorrow," "in the right order," etc.			
Tends to misinterpret what is said			

### Expressive language

(the child's ability of language expression and to pronounce words):

	Yes	No	Sometimes
Uncertain of speech sounds and tends to misarticulate words			
Difficulty learning the names of colors, people, letters etc.			
Difficulty finding words or explaining to other people, says: "the, the, the ..."			
Tends to remember words incorrectly, says "armbow" instead of "elbow", refers to "pointer" instead of "index," etc.			
Difficulty explaining what he/she wants			
Difficulty speaking fluently without any breaks			
Difficulty expressing him/herself in whole sentences, in grammatically correct sentences, or inflecting words			
Difficulty pronouncing complex words such as "electric," "screwdriver" etc.			

### Verbal communication

(the child's ability to use language and ability to communicate with others):

	Yes	No	Sometimes
Difficulty telling about experiences or situations so that the listener understands (e.g., what happened during the day or during the summer vacation)			
Difficulty keeping "on track" when telling other people something			
Difficulty taking part in a conversation, e.g., problems shifting from listening to talking			

### Motor skills - gross motor skills

(the child's use of his/her body in various activities):

	Yes	No	Sometimes
Difficulty acquiring new motor skills, such as learning how to ride a bike, skate, swim			
Difficulty throwing and catching a ball			
Difficulty running fast and smoothly Has difficulties or does not like to participate in game sports such as soccer/football, baseball, etc.			

Balance problems; for instance, has difficulty standing on one leg			
Often stumbles and falls			

**Motor skills - fine motor skills**

(the child's use of his/her hands):

	Yes	No	Sometimes
Does not like to draw, has difficulties drawing figures that represent something			
Difficulty handling, assembling and manipulating small objects			
Difficulty pouring water into a glass without spilling			
Often spills food onto clothes or table when eating			
Difficulty using knife and fork			
Difficulty buttoning or tying shoe-laces			
Difficulty using a pen (e.g., presses too hard, hand is shaking)			
Immature pencil-grip, holds the pen in an unusual manner			

**Attention and concentration**

(the child's ability to pay attention and to concentrate on various tasks and activities):

	Yes	No	Sometimes
Often fails to pay close attention to details or makes careless mistakes (in schoolwork, work assignments, or other activities)			
Often has difficulty sustaining attention in tasks or play activities			
Often does not seem to listen when spoken to directly			
Often does not follow instructions and fails to finish schoolwork, chores, or duties (not due to oppositional behavior or failure to understand instruction)			
Often has difficulty organizing tasks and activities			
Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as homework)			
Often loses things necessary for tasks or activities (e.g., toys, school equipment, pencils, books, or tools)			
Is often easily distracted by extraneous stimuli (e.g., irrelevant sounds like other people talking, cars driving by)			
Is often forgetful in daily activities			

**Overactivity and impulsivity**

(the child's tendency to be too active or impulsive):

	Yes	No	Sometimes
In constant motion (squirms in seat, fidgets with fingers, plucks at things etc.)			
Difficulty remaining seated (squirms in seat gets up and moves about)			
Often runs about or climbs excessively in situations in which is inappropriate (in older children or adolescents this may be limited to subjective feelings of restlessness)			
Is often "on the go" or often acts as if "driven by a motor"			
Difficulty awaiting turns (in games, during meals etc.)			

**Planning/organizing**

(the child's ability to plan or organize activities):

	Yes	No	Sometimes
Difficulty understanding consequences of own actions (e.g., climbs in dangerous places)			
Difficulty planning and preparing for tasks (e.g., collecting equipment needed for an outing or for school)			
Difficulty completing sequential tasks (e.g., young children: getting dressed in the morning without constant reminders; older children: completing home work without constant reminders)			

**C. Behavioral and Mental Health History**

Check all that apply:

<b>Behavior</b>	<b>Home</b>	<b>School</b>	<b>Other</b>
Compliant behavior			
Learning problems			
High activity level for age			
Difficulty following directions			
Difficulty maintaining attention			
Impulsivity (not thinking before acting)			
Difficulty playing with others			
Prefers to play by him/herself			
Difficulty getting along with peers			
Problems with adult authority			
Aggressive			
Behavior problems			
Friendly, outgoing			
Shy			
Easily distracted by:			
Overly sensitive to stimuli			
Low response to stimuli			

Please describe any behaviors of your child at home that are particularly concerning you or other family members:

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Please describe any behavior of your child at school that is of particular concern:

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Does your child seem to be able to control his/her behavior?

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Toys or activities the child prefers to play with:

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Describe any discipline difficulties:

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How do you discipline at home and how frequently do you have to discipline?

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How does your child respond to discipline? \_\_\_\_\_

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Does your child exhibit any strange behaviors using the five senses (touch, taste, smell, sight, hear)? If so, please explain:

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Does your child have any major dislikes or unusual fears? If so, please explain:

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Describe any special skills or areas of particular interest your child has:

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Describe your child's established routines at home:

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Describe your child's eating and sleeping habits:

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How does your child react to pain?

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Explain current significant family stresses

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Previous family stressors or events that you think may have had an impact on his/her development and current functioning:

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Has your child ever been subject to abuse (physical, sexual, emotional)? \_\_\_\_\_  
If so, what type and when? Did your child receive any treatment?

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Describe your child's relationships with others his or her age throughout his/her development:

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Has your child or family received any professional mental health treatment, such as individual or family counseling, group counseling, etc.? Yes    No

Please list any past and current treatments, including length of treatment: \_\_\_\_\_

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Do you feel the treatment is/was helping or effective? Please explain:

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**Present personality and behavior.**

Please describe your child's personality characteristics (friendly, outgoing, independent, affectionate, cooperative, moody, etc.)

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Have you noticed any recent changes in your child's behavior?

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Describe your child's interactions with others in the neighborhood, community, or other leisure activities outside the home:

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**IV. Medical History**  
**Illnesses/Conditions**

Check those that apply and fill in approximate date/s:

Allergies		Hearing aids- which ear R L	
Amputations		Hearing amplification device	
Asthma		Hearing problems	
Attention Deficit Disorder		High fevers	
Augmentative communication device		Hoarseness	
Autism		Lengthy medication treatment	
Auto accidents		Measles	
Behavior problems		MR	
Braces		Nightmares	
Brain injury		Obturator	
Cerebral palsy		Other surgery:	
Chickenpox		Hospitalization for _____	
Cleft palate/submucous cleft		Pervasive Developmental Disorder	
Cochlear implant		Physical Abnormalities	
Convulsions		Poor appetite	
Digestive problems		Schizophrenia	
Down's Syndrome		School phobia	
Drooling		Seizures	
Dyslexia		Sensory integration disorder	
Ear infections		Serious injury:	
Emotional problems		Stuttering	
Encephalitis		Swallowing problems	
Falls frequently/balance		Syndrome (other): _____	
Feeding/eating problems		Thumbsucking	
Fragile X Chromosome Disorder		Tongue-tie	
Frequent colds		Tonsillectomy and/or Adenoidectomy	
Glasses		Tubes in ears	
Hand preference R L		Vision problems	
Head injury		Vocal nodules	

Is the child currently under a doctor's care? Give diagnosis and physician's names:

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Doctor's place of business and phone number:

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What current medication is he/she taking?

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Has your child been to the emergency room with a serious emergency, hospitalized, or had outpatient surgery since birth? If yes, please describe incidents along with date, duration, and where he/she was seen:

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**V. School History**

Schools attended:

School/ Dates	Grade Level	Name of School	Academic Strengths	Academic Weaknesses
Day care/Nursery				
Preschool				
PPCD				
Kindergarten				
Elementary				
Middle School				
High School				
Private				
Homeschooled				

Has your child been held back or repeated a grade? Y N Explain

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Currently, what are your child's grades?

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Has your child been tested at school to address developmental, learning, or speech-language difficulties?  
Y N

If yes, explain Results:

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What special education services has your child received for difficulties in school? (check all that apply)  
Speech therapy \_\_\_ resource \_\_\_ self-contained \_\_\_ OT \_\_\_ Other: \_\_\_

What modifications have been used in school to support your child?

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How does he/she feel about school?

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How did your child adjust to the school environment when he/she began school/daycare?

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Does your child learn easier with a particular style of learning? Explain:

Auditory \_\_\_\_\_

Visual \_\_\_\_\_

Both \_\_\_\_\_

Other activities your child is involved in outside of school (sports, lessons, church, tutoring, Scouts, etc.):

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Please give any additional information that will help us in evaluating your child:

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**Child's primary physician**

Name _____
Address _____
Phone Number _____
Diagnosis _____

**Other professionals who have treated/evaluated the child**

Name/Position _____
Address _____
Phone Number _____
Diagnosis _____

**I wish reports to be sent to these persons/agencies:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing this form

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

\_\_\_\_\_  
Date

Applications may be submitted by email, fax, or mail.

Baylor University Center for Developmental Disabilities  
2201 MacArthur Drive, Suite 101  
Waco, TX 76708  
bcdd@baylor.edu  
Phone: 254-537-1042  
Fax: (254)-224-6633

# Baylor University Center for Developmental Disabilities (BCDD) Consent to Request Confidential Information

Client name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

To Whom It May Concern:

I hereby grant permission for \_\_\_\_\_  
(name of school/institution)

To disclose and deliver any information requested by Baylor Center for Developmental Disabilities.

concerning my son/daughter \_\_\_\_\_.

This may include verbal or written information regarding case history, results of examination, impressions, and recommendations that might benefit Baylor Center for Developmental Disabilities in treating the client.

Yes  No I have been fully informed and understand the center's request for my consent, as described above. This information will be released/requested upon receipt of my written consent.

Yes  No I understand that my consent is voluntary and may be revoked at any time, except where information has already been released.

Yes  No I understand that Baylor University, its employees, and officers are released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

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