



# HANCOCK COUNTY SCHOOLS

*Special Education Department*

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## Hancock County Schools Speech/Language/Hearing Case History Form

### Identifying and Family Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_M \_\_\_\_ F

Mother's Name & Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Father's Name & Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Is English the primary language spoken in the home? \_\_\_\_ Yes \_\_\_\_ No

If not, what is the primary language spoken in the home? \_\_\_\_\_

Does the child speak and understand the language? \_\_\_\_ Yes \_\_\_\_ No

Is there any family history of speech, language or hearing problems? \_\_\_\_ Yes \_\_\_\_ No

### Speech-Language-Hearing

Are you concerned with your child's speech, language or hearing? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Has your child ever had a speech evaluation? \_\_\_\_ Yes \_\_\_\_ No If yes, where & when?

\_\_\_\_\_

What were the results? \_\_\_\_\_

\_\_\_\_\_

*As a result of their successful schooling, the students of Hancock County Schools shall be educationally prepared, socially responsible and academically competent, with an understanding and desire for lifelong learning*

Has your child ever had speech therapy?  Yes  No If yes, where and when?

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What was your child working on? \_\_\_\_\_

Has your child ever had a hearing evaluation?  Yes  No If yes, where and when?

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What were the results? \_\_\_\_\_

Is your child aware of, or frustrated by, any speech or language difficulties?  Yes  No

### Birth History

Was there anything unusual about the pregnancy?  Yes  No

If yes, please describe: \_\_\_\_\_

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### Medical History

Does your child have any significant past medical history; please describe: \_\_\_\_\_

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Does your child have a history of ear infections?  Yes  No; If yes, how many? \_\_\_\_\_

Has your child ever had tubes placed in the ear?  Yes  No

If yes, when were the tubes inserted? \_\_\_\_\_

Is your child currently (or recently) under a physician's care?  Yes  No

Please list any medications your child takes regularly: \_\_\_\_\_

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### Developmental History

Do you feel that your child's development (i.e., sitting/crawling/walking) is comparable to children of the same age?

Yes  No

Does your child choke on foods or liquids?  Yes  No

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