

Child's name: Jennifer Z

Date of Birth: 12-4-89

Information given by: Mother

Note: This case history was obtained when JZ was 6 1/2 years of age.

Briefly describe your child's language/learning difficulty:

Delayed speech development. Diagnosed Attention Deficit Hyperactive Disorder at age 4.

SECTION I

How much does your child talk now? All the time

How much of this speech can mother/father understand? All

How much can other adults understand? Most

How much does child use gestures to help others understand?
Not very much

Do parents feel child stutters or stammers? NO

If so, explain

Does child's voice sound like other children's voices? YES
If not, explain

Has child learned to say nursery rhymes, prayers, or sing some songs? YES

Can child follow directions at home? Most of time

Was child very quiet as a baby (did not babble or coo as much as most babies)?
YES

Did he or she cry excessively? NO

How old was child when she/he began to say words? 2 1/2

How old was child when she/he began putting 2 or 3 words together in phrases? 3

Have parents done anything to help child with speech/language? YES

If so, explain: Occupational therapy, Speech therapy

SECTION II

Has child attended nursery school? NO

Head Start Programs? NO

Kindergarten? NO

Did child have any difficulties in nursery school, kindergarten, etc? NO

If so, explain She had trouble in mother's day out program at church

What grade is child in at present? NA (not applicable)

Any grades repeated? NA

What grade? NA

What are the child's current grades in Reading? NA

Spelling? NA

Arithmetic? NA_

Writing? NA

Conduct? NA

Does child like to go to school? YES

Does child seem to have many friends? YES

Can child follow directions in school? Some, most of time

Has child received special training in speech? YES

Language?

Remedial reading?

Other?

When?

From whom? Therapist "A" & Therapist "B"

SECTION III

What the the child's favorite activities? Swimming, school, painting, watching videos

Describe any behavior which is a problem to the parents.

We are doing great now. She still has trouble with more than one task at a time

Does child enjoy books (being read to or reading)? YES

Does child like to watch TV? YES

Below is a list which describes certain personality traits and behaviors of children.

Please

indicate those which you feel tend to describe your child.

Appears sad NO

Looks happy YES

Hard to discipline Used to be, not now!

Often moody NO

Even tempered NO

Is affectionate YES>

Cries easily NO

Cries infrequently NO

Has trouble sleeping (or has nightmares) NO

Very active YES

Calm and quiet NO

Seems unusually fearful NO

Shy NO

Friendly and outgoing YES

Very independent NO

Still sucks thumb NO

Dependent on adults NO

Has temper tantrums NO If so, how often?

Distractible YES

All of this has gotten much better now we are on medication.

SECTION IV

Is mother rH negative? NO

Did mother have any illness during pregnancy with this child? NO

Did mother have to stay in bed? NO

Take medicine other than vitamins?_ NO_

Almost miscarry? NO

If yes to any of these, explain

Has mother had previous miscarriages? NO

Was labor very long or especially short? YES

If so, estimate time 24 hours

Was the birth of this child normal? NO

If not, explain We almost had to do a C-section 3 or 4 times because we wouldn't dialate and Jen wouldn't turn. Pushed for almost 2 hours. Very difficult labor, but delivery was normal.

How much did child weigh? 7 lbs 9 oz

Did child have any trouble breathing after birth? NO

Was child kept in an incubator or airlock over 12 hours? NO

If so, why?

Did child look blue or yellow after birth? NO

If so, for how long?

Did child come home from hospital with the mother? YES

If not, why?

SECTION V

At what age did child sit alone? 6 to 7 mo

Crawl? 6 mo

Walk alone? 14 mo

Was the child very active as a baby? YES

Was feeding the child a problem? NO

If so, in what way?

When was the child taken off bottle? 2 yrs

Was weaning a problem? NO

Is child a "picky" or fussy eater now? NO

Does child seem to have any trouble swallowing? NO

Chewing? NO

Was toilet training a problem?_ NO

When was child completely trained? 3 yrs

Does child dress self completely? NO

Partially? YES

Does child tie own shoes? NO

Do you feel child is "clumsy"? YES

Does child fall frequently? YES

Does child ride a trike? NO

Does child throw a ball as well as others the same age? YES

Do you feel child is well coordinated? NO

Which hand does child use to eat with? Right

Draw or write? Right

Throw a ball? Both

SECTION VI

Has child been back in the hospital since birth? YES

If so, please explain (operations, accidents, etc.) and give age at the time.

2 times for stitches and 1 time to have stomach pumped (drank Imodium AD)

Has child had any serious illnesses? NO

Any very high fevers? NO

How high?

If so, describe.

Has child ever fainted or passed out? NO

Ever had a convulsion? NO

How often?

If so, describe.

Does child complain of frequent headaches, stomachaches, leg cramps? NO

Does child see normally? YES

Does child wear glasses? NO

Does child have allergies? Some

Does child take any medicines regularly (except vitamins)? YES

If so, why? Imipramine 50 mg daily for ADHD

Does child have any problems hearing? NO

Has child had ear infections? YES

If so, describe. Constantly from 4 months of age to 18 months

Has child been seen by a neurologist? NO

Psychologist? YES

Had an EEG? YES

Has speech or hearing been tested? YES

Has child been seen in a speech and hearing clinic? YES

SECTION VII

Are parents now married? YES

Separated?

Divorced?

Who has custody of child?

Is child adopted? NO

If so, when?

Father's occupation: Stockbroker

Place of employment: XXXXXXXX

Father's level of education: College BA in accounting

Mother's occupation: Housewife

Place of employment: XXXXXXXX

Mother's level of education: College BA in accounting

Who cares for child while parent(s) works? Mother

List names and ages of other children in the family: Julie, 2 yrs

Are there others living in the home besides the parents and children? NO

If so, describe.

Is any language spoken in the home other than English? NO

If so, describe.

Are there relatives, on either side of the family, who have had:

Trouble speaking or were late to talk? YES

Trouble with hearing or deafness?

Trouble learning in school?

Have failed two or more grades?

Have dropped out of school due to failure? YES

Have had difficulty learning to read? YES