

**DATE**

**CHILD'S NAME**

**FATHER'S NAME**

**AGE**

**OCCUPATION**

**MOTHER'S NAME**

**AGE**

**OCCUPATION**

**WHO HAS ALREADY EVALUATED YOUR CHILD?**

Date

Name

Results

**HEARING AND AUDITORY INFORMATION**

1. Is hearing loss suspected?                      At what age?                      Does the loss fluctuate?
2. Does the child respond to loud noise (airplanes)?                      Doorbell or phone?  
    Speech over the phone?                      Speech when facing the speaker?  
    Speech with back to the speaker?                      Speech from another room?  
    Whispered speech?                      Faint sounds?
3. Does the child locate the direction of sound?
4. Does the child watch the speakers face?
5. Does the child wear a hearing aid?                      Type?                      Age initiated?

**SPEECH AND LANGUAGE INFORMATION I.**

Did your child babble and then stop?

2. Does your child have a normal voice quality?
3. Give an example of a typical sentence.
4. What is your child's mean length of utterance?                      Amount of vocabulary?  
    intelligibility to yourself and others?
5. How are wants expressed?
6. Has there been any change in your child's speech and language development?
7. How much does your child understand?                      Nothing?                      Gestures?  
    With context present?                      One stage commands?                      etc.?

**GENERAL BEHAVIOR INFORMATION**

1. Does your child play well with other children? Cry often? Have temper tantrums?

What are your child's favorite activities or toys?

3. Any special fears?
4. Is behavior consistent from day to day? Situation to situation?
5. Does your child "hear what he wants to hear"?
6. Describe your child's personality (outgoing, cooperative, withdrawn, etc.).
7. What factors are related to your child's problem (hearing, speech, emotions, brain injury, sibling rivalry, personality, behavioral problems, neglect by either parent, too much protectiveness, mental retardation, inconsistency of parental handling, etc.)?

**SCHOOL INFORMATION**

1. School attended? Special services?  
Address:
2. Subjects in which the child excels? Has difficulty?
3. Grades repeated?
4. Teacher-child relationships?
5. Classroom teacher? Grade?

**DEVELOPMENTAL INFORMATION**

1. Did the baby have difficulty sucking, swallowing, or feeding?
2. Describe balance and coordination.
3. Has there been a change in your child's progression of development?

**HEALTH INFORMATION**

1. Describe general health.
2. Describe significant illnesses (measles, mumps, pneumonia, frequent ear infection, frequent colds, etc.)
3. High fevers?
4. Seizures?
5. Accidents, falls, unconscious, hit in the head or ear?
6. Vision problems?
- Allergies?
8. What medication(s) is your child taking?
9. Does your child eat well? Sleep well? Have nightmares? Wet the bed?

**PREGNANCY AND DELIVERY**

1. Condition of mother's health during pregnancy? Illnesses, accidents or blood incompatibility (e.g., Toxoplasmosis, Syphilis, Rubella, Cytomegalovirus and Herpes Simplex Virus)?
2. Length of pregnancy? Length of Labor?
3. Birth Weight (1,500 grams 3.3 lbs.)?
4. Type of delivery (normal, induced, breech, cesarean, use of forceps, etc.)?
5. Were injuries, scars or deformities noted (defects of the head and neck)?
6. Were there any complications (difficulty breathing (anoxia), jaundiced (requiring exchange transfusion), etc.)?

**FAMILY INFORMATION**

1. Describe hearing problems in other relatives.
2. Are there speech or learning problems in the family?
3. Has there been mental illness, epilepsy or alcoholism in the family?
4. What language is spoken in the home?
5. Are there any problems with other siblings?