Associates in Hearing HealthCare, PC
…Hearing Help from the Heart…

Elizabeth Kennedy, PhD
Lisa Cutillo, AuD
Namita Gehani, AuD
Sarah Kate Deatrich, AuD
Melissa Dwornick, HIS

Parent's Questionnaire
Children's Hearing, Speech/Language History

The information you provide in this questionnaire will help us assess your child's auditory processing capabilities properly. Please fill out this form, answering the questions about your child, as completely as possible. If there are any items you do not fully understand, discuss them with your child's audiologist during the appointment.

IDENTIFYING INFORMATION

Child's Name:	**DOB**	**Sex**	**Age**
Person Completing Form:	**Relationship**	**Daytime Phone**	
Address			

REASON(S) FOR TESTING (check all which apply)

	Academic		**Speech/Language Problems**		**Attention Problems**
	Hearing		**Reading/Phonics Problems**		**Other:**

HOME AND FAMILY INFORMATION

Father's Name:	**Mother's Name:**
Child lives with:	**Languages Spoken in home:**

OTHER CHILDREN IN THE FAMILY

Name	**Age**	**Sex**	**Grade Level**	**List any speech, hearing, learning or medical problems**

BIRTH HISTORY	**Yes**	**No**	**BIRTH HISTORY**	**Yes**	**No**
Prenatal Problems			**Ventilation Used**		
Prenatal Alcohol Exposures			**Neonatal Infection**		
Prenatal Drug Exposure			**Meningitis**		
Premature Birth			**Herpes**		
Blood Transfusion			**Cytomegalovirus**		
Baby in intensive care			**Toxoplasmosis**		
Low birth weight			**Rubella**		

121 Clements Bridge Road
Barrington, NJ 08007
Ph (856) 546-1535 Fx (856) 546-6565

406 Lippincott Drive, Suite G
Marlton, NJ 08053
Ph (856) 988-1867 Fx (856)988-1868

MEDICAL HISTORY	Yes	No	Date Occurred	Description
Current Medical Conditions				
Taking Medications				
Head Injuries				
Headaches				
Serious Infections				
Other brain/spinal problems				

HEARING AND EAR HISTORY	DESCRIPTION
Do you think your child's hearing is poor?	
Does your child complain of noises in the ears or head?	
Does your child have dizziness or imbalance?	
Number of ear infections	
Last ear infection (date or age)	
Ear Surgeries (ages, ear operated on & type of surgery)	
Has child used hearing aids?	

TESTS DONE	Where	Date	Age	Results
Hearing Test				
Speech/Language				

Family History	Description (relationship to child and type of problem)
Neurologic Diseases	
Speech Problems	
Learning Problems	
Hereditary Illness	
Ear/hearing	

SOCIAL/EMOTIONAL	YES	NO		YES	NO
Trouble understanding television programs			Appears confused in noisy situations		
Sensitivity to loud sounds			Often says "huh" or "what"		
Trouble telling where sounds are			Mixes up sounds		
Problems following directions			Needs quiet to study		
Easily distracted			Restless		
Daydreams			Problem sitting still		
Forgetful			Rowdiness		
Preference for playing with younger children			Preference for playing with older children		
Disruptive			Headaches		
Preference for solitary activities			Short attention span		
Lacks motivation			Temper tantrums		

Tires easily			**Hyperactive**		
	YES	**NO**		**YES**	**NO**
Often tense or anxious			**Disobedient**		
Uncooperative			**Shy**		
Clumsy			**Irritable**		
Impulsive			**Destructive**		
Lacks self-confidence			**Excessive talking**		
Easily upset by new situations			**Seeks attention**		
Has problems with time concept			**Does not complete assignments**		
Fakes illnesses			**Dislikes school**		

Please explain further items checked above:

SPEECH/LANGUAGE PROBLEMS	**YES**	**NO**	**DESCRIPTION**
Delay in early speech development			
Small vocabulary compared to peers			
Poor grammar usage			
Problem speaking clearly			
Stuttering			
Problem understanding others			
Speech therapy now or in past			

SCHOOL/EDUCATIONAL INFORMATION

School currently attending:	**Grade in school:**

Best Subject(s):

Receives speech therapy:	**Receives other therapy:**
Poorest subject(s):	**Has your child ever repeated a grade?**
Does your child have an IEP or 504?	**Does your child like school?**
Are you satisfied with school support? If no please explain:	
Has you child's teacher ever expressed concern for your child's progress? If yes, please explain:	

WHO SHOULD RECEIVE A COPY OF THE EVALUATION REPORT?		
NAME:	**ADDRESS:**	**PHONE:**

Thank you for your time and effort filling out this questionnaire.