



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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parents Names: \_\_\_\_\_ Physician: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Phone #: \_\_\_\_\_ Referral: \_\_\_\_\_

Please check the following behaviors that may be pertinent to this child. Circle all the options that apply to the child for questions that provide multiple choices.

### **MEDICAL HISTORY**

- \_\_\_ 1. History of hearing loss.
- \_\_\_ 2. History of ear infections.
- \_\_\_ 3. Pre or Perinatal complications (i.e. low birth weight, difficulty breathing, head trauma, high fever, seizures, jaundice, etc.)
- \_\_\_ 4. History of allergies, asthma, reactive airway disease (RAD), frequent colds/upper respiratory infections.
- \_\_\_ 5. History of hypo/hyperactivity
- \_\_\_ 6. History of Attention Deficit Hyperactivity Disorder (ADHD). If so:
  - a. What age was your child diagnosed? \_\_\_\_\_
  - b. Diagnosed by: \_\_\_\_\_ Profession: \_\_\_\_\_
  - c. Is your child receiving medication for ADHD? \_\_\_\_\_
  - d. How long does it take to see the medication's effect? \_\_\_\_\_
  - e. Is your child receiving
    - a. counseling? \_\_\_\_\_
    - b. tutoring? \_\_\_\_\_

- c. behavioral intervention? \_\_\_\_\_
- \_\_\_7. Has your child or a family member been diagnosed with a learning disorder? \_\_\_\_\_
- \_\_\_8. Has any other family member been diagnosed with ADHD or an APD? \_\_\_\_\_

## **LISTENING SKILLS**

- \_\_\_1. Says “huh” or “what” frequently.
- \_\_\_2. At times, appears to have a hearing loss.
- \_\_\_3. Frequently asks for directions to be repeated.
- \_\_\_4. Responds in a slow or delayed manner.
- \_\_\_5. Responds too quickly to situations without waiting for instructions.
- \_\_\_6. Misunderstands what is said most of the time.
- \_\_\_7. Appears as if he/she is not paying attention.
- \_\_\_8. Exhibits a low tolerance for noise.
- \_\_\_9. Easily distracted in noise.
- \_\_\_10. Communication is enhanced when visual information is provided with audition.
- \_\_\_11. Displays some/extreme difficulty when provided with lengthy/complex information.
- \_\_\_12. Difficulty in understanding speech sounds.
- \_\_\_13. Does not understand the verbal message, especially in background noise.
- \_\_\_14. Often “hears” a similar word (bath vs. math).
- \_\_\_15. Shows difficulty in differentiating musical instruments or notes.

## **ACADEMIC SKILLS**

- \_\_\_1. Displays inconsistency in school performance.
- \_\_\_2. Rushes through homework or classroom work without realizing errors were made.
- \_\_\_3. Unmotivated to learn new concepts.
- \_\_\_4. Tests reveal better *performance* results than *verbal* results.
- \_\_\_5. Performs well in a one-to-one situation.
- \_\_\_6. Is disruptive in class.
- \_\_\_7. Interrupts peers or teachers.
- \_\_\_8. Performance improves in a structured environment.

- \_\_\_9. Displays weak reading/writing or spelling skills.
- \_\_\_10. Has difficulty explaining a story or idea.
- \_\_\_11. Does not complete tasks or is not organized with tasks.
- \_\_\_12. Appears unusually fatigued toward the end of the school day.
- \_\_\_13. Displays weak comprehension ability.

**ADDITIONAL**

- \_\_\_1. (Requires/required) articulation therapy.
- \_\_\_2. (Requires/required) language therapy.
- \_\_\_3. Seems to enjoy novel situations.
- \_\_\_4. Difficulty in turn taking situations.
- \_\_\_5. Fidgets with hands or feet.
- \_\_\_6. Appears forgetful during daily routines.
- \_\_\_7. Loses items necessary to complete daily activities.
- \_\_\_8. Remembers final directions better than initial directions.
- \_\_\_9. Exerts more concentration than usual.
- \_\_\_10. Reverses letters or sounds when writing or speaking.
- \_\_\_11. Poor at drawing geometrical shapes.

Any other information that you may want to tell me about your child?

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