

PARENT 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 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		Birthdate	Sex	Age
Person Completing Form:			Date	Daytime phone
Address:				Evening Phone
City	Province		Postal Code	
Family Dr. Name:				
Dr. Address:				

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

<input type="checkbox"/>	Academic	<input type="checkbox"/>	Speech/Language Problems	<input type="checkbox"/>	Attention Problems
<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Reading/Phonics Problems	<input type="checkbox"/>	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 Exposure			Neo natal infection		
Prenatal Drug Exposure			Meningitis		
Premature Birth			Herpes		
Blood incompatibility			Cytomegalovirus		
Blood transfusion			Toxoplasmosis		
Baby in intensive care			Rubella		
Photo Therapy			Jaundice		
Apgar Scores: _____			Birth Weight: _____		

MEDICAL HISTORY	Yes	No	Date Occurred	Description	
Current Medical Conditions					
Taking Medications					
Head Injuries					
Convulsions					
Headaches					
Serious Infections					
Other brain/spinal problems					
Surgeries					
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 our child have dizziness or imbalance?					
Age at first ear infection (nurse or doctor diagnosed)					
Number of ear infections age 0-2 years.					
Number of ear infections age 2-4 years.					
Number of ear infections age 4-6 years					
Last ear infection (date or age).					
Ear surgeries (ages, ear operated on and type of surgery).					
Has child used hearing aids?					
TESTS DONE	Where		Date	Age	Results
Hearing Test					
Speech/Language					
Vision Exam					
Neurological (EEG)					
Psychological					
CT Scan or MRI					
FAMILY HISTORY	Description (relationship to child and type of problem)				
Neurological diseases					
Speech problems					
Learning problems					
Hereditary illness					
Ear/Hearing					

SOCIAL/EMOTIONAL	YES	NO		YES	NO
Trouble understanding television programs			Appears confused in noisy places		
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			Problems 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		
Easily frustrated			Easily flustered or confused		
Tires easily			Hyperactive		
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		
Underachiever			Problems with the law		
Involved with drugs			Involved with alcohol		
Please explain further items checked above:					

Is your child right or left handed? _____

Does your child suffer from social/emotional problems? _____

Does your child play a musical instrument? _____

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 the past?			
Do you believe your child's speech and language abilities to be age appropriate?			
Has your child ever been assessed for/diagnosed with ADD or ADHD?			
Do you have concerns for your child's attention abilities?			
SCHOOL/EDUCATIONAL INFORMATION			
School currently attending:			
Best subject(s):		Has your child ever repeated a grade?	
Poorest subject(s):		Receives speech therapy:	
Grade in school:		Receives other therapy:	
Does your child like school?		Does child have an IEP?	
Are you satisfied with school support? If no, please explain:			
<p>Has your child's teacher ever expressed concern for your child's progress? If yes, please explain:</p>			
WHO SHOULD RECEIVE A COPY OF THE EVALUATION REPORT?			
Name	Address		Phone

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