Nemours Auditory Processing Evaluation: Case History Form

Child’s Name__________________________Age__________Today’s Date____________

Name of person filling out this form________________Relationship to child____________

Child’s School________________________School’s County___________________

Current Grade/Grade just completed__________Child’s preferred hand: right_____left______

If your child had a hearing test done within the last 6 months, please bring a copy with you to the appointment. Please also provide copies of any psychoeducational evaluations, speech and language evaluations, or behavioral evaluations to the appointment. You may also fax these to 697-3155, Attn: Lauren Stack/Jessica Leopold. Please also bring a sample of your child’s writing with you.

Medical History:

1. How many ear infections/episodes of ear fluid has your child had?
   None_______ 1-2_________3-5__________6-10_______10 or more__________

2. Has your child ever had PE tubes?   Yes   No
   If yes, how many sets?__________At what age(s)____________________

3. Does your child take any medications?   Yes   No
   If yes, please list the medication and indicate what it is taken for.

4. Has your child ever had any serious illness or accidents?   Yes   No
   If yes, please explain.
Developmental History:

1. Was your child born full term and healthy at birth?  
   Yes  No  
   If no, please explain.

2. Did your child have high jaundice levels requiring treatment?  
   Yes  No  
   If yes, please explain.

3. Have you ever had concerns about your child’s development?  
   Yes  No  
   If yes, were the concerns related to:  
   ______ Speech or language skills  
   ______ Gross or fine motor skills  
   ______ Cognitive/Social Skills  
   Please explain why there are/were concerns.

4. At what age did your child:  
   Walk: ____________  
   Say first words ____________

Educational History:

1. Is there a family history of reading or educational difficulty?  
   Yes  No  
   If yes, please explain.

2. Is your child having difficulty in school?  
   Yes  No
If yes, is the difficulty in ____ reading  ____ math
     ____ spelling  ____ written expression
     ____ memorization  ____ attention/organization

In what grade did your child begin to experience difficulty?________

3. Has your child had any of the following evaluations? If yes, please indicate where and when the evaluation was done, and the outcome of the evaluation.

_________ Speech and Language evaluation.

_________ Psychoeducational evaluation

_________ Attention/Behavioral evaluation

4. Does your child receive any special classes, tutoring or therapy? Yes No
   If yes, please select all that apply:

   ___speech and language therapy   ___ESE classroom/ESE pullout
   ___reading tutoring    ___math tutoring
   ___occupational or physical therapy ___behavioral counseling

   If yes, where do they attend therapy, how often, and how long?

5. Is your child involved in any extracurricular activities? Yes No
   If yes, please list/explain.
Listening/Understanding History:

1. Do you think your child has a problem listening or understanding? Yes No
   If yes, please give examples.

   How long have you been aware of this problem?

2. Please check any of the following behaviors that you feel your child exhibits.

   ___ Difficulty with reading/phonics/sounding out words
   ___ Confuses similar sounding words and letters
   ___ Poor speller
   ___ Problems with speech production/articulation or grammar
   ___ Often says huh or what
   ___ Difficulty with reading comprehension
   ___ Difficulty with expressive writing
   ___ Difficulty verbally expressing thoughts and ideas
   ___ Needs to ask many extra questions to clarify tasks before starting/slow starter
   ___ Difficulty understanding what’s been said to them
   ___ Difficulty hearing in noise
   ___ Difficulty following the order of verbal directions (step 1, 2, 3, etc)
   ___ Difficulty ordering their thoughts and ideas
   ___ Difficulty remembering assignments/completing work
   ___ Difficulty interacting with peers