CENTER for AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY
EAST TENNESSEE STATE UNIVERSITY

1000 Jason Witten Way
Room 103
Elizabethton, TN 37643
P 423-439-5070
F 423-439-5080

156 S. Dossett Drive
PO Box 70643
Johnson City, TN 37614
P 423-439-4355
F 423-439-4607

The enclosed packet of information has been sent to you to complete and return following your request for a Central Auditory Processing evaluation at the ETSU Audiology & Speech Language Pathology Center. **We accept most insurance.** If your insurance requires a referral from your child's primary care physician, it is your responsibility to make sure that we have it before the first visit. Payment of the clinic fee is expected at the time services are rendered. We accept cash, personal check, and visa/MasterCard credit cards. Due to the extensive nature of this evaluation, the following criteria must be met before we can schedule the requested appointment.

1. The child must be at least 8 years of age.

2. A referral must be made by a speech-language pathologist, psychologist, or physician.

3. You must provide copies of the reports of any previous evaluations related to the suspected auditory processing problem. This includes:

    a. psychological evaluation (IQ testing)
    b. academic achievement testing (TCAP)
    c. speech-language evaluation
    d. previous auditory processing testing or screening

4. A parent or guardian must complete the enclosed Auditory Processing Information Form and either mail it back to the clinic or bring along for the scheduled appointment.

Your appointment is schedule at the location checked below:

☐ **ETSU Audiology & Speech Language Pathology Center**
1000 Jason Witten Way
Room 102
Elizabethton, TN 37643

☐ **ETSU Audiology & Speech Language Pathology Center**
156 South Dossett Drive
Lamb Hall, Room 363
Johnson City, TN 37614

If you have questions about directions, please call 423-439-4355. A printed map will be included with this information package. More information on the clinic can be found in the following website: http://www.etsu.edu/crhs/aslp/clinical

Thank you for your interest in the ETSU Audiology & Speech Language Pathology Center. Please do not hesitate to contact us if you have any questions or need additional information. We look forward to seeing you.

CENTER for AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY
EAST TENNESSEE STATE UNIVERSITY

1000 Jason Witten Way
Room 103
Elizabethton, TN 37643
P 423-439-5070
F 423-439-5080

156 S. Dossett Drive
PO Box 70643
Johnson City, TN 37614
P 423-439-4355
F 423-439-4607

Auditory Processing Clinic
Child Information Form

Please fill out this information form in as much detail as possible. Write on the back if necessary. You can be assured that this information will be treated as confidential. If information is not available, please specify the reason so that we will know that the question has been considered. As you will see an evaluation requires much information which is seemingly unrelated to hearing and speech.

GENERAL INFORMATION

Child's Name: _____ Gender: Male/Female Date of Birth: _____

Address: _____ Phone: _____(H)

_____ Phone: _____(C)

Father's Name: _____ Age: _____ Occupation: _____

Education (Last Grade Attended): _____

Mother's Name: _____ Age: _____ Occupation: _____

Education (Last Grade Attended): _____

With whom does the child live? _____

Siblings' Name(s): _____ Age(s):_____

Other people living in the home: _____

Who referred you to this Clinic?_____

Child's Primary Doctor/Pediatrician: _____

Address: _____

MEDICAL HISTORY:

- Your child was born ___ Full-term ___ Premature. If you answered Premature, how early into the pregnancy was your child born? _____
- Describe any complications or concerns during the birthing process.

_____

_____

CENTER for AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY
EAST TENNESSEE STATE UNIVERSITY

1000 Jason Witten Way
Room 103
Elizabethton, TN 37643
P 423-439-5070
F 423-439-5080

156 S. Dossett Drive
PO Box 70643
Johnson City, TN 37614
P 423-439-4355
F 423-439-4607

- Did your child stay in the Neonatal Intensive Care Unit (NICU) for any period of time after birth? ___ NO ___ YES. If yes, why and how long was the stay?

  _____

- Did you child undergo any medical or surgical treatment upon birth?
  ____ NO ___ YES. If yes, please list treatment received. _____

  _____

- Does your child have a history of ear infections?
  ___ NO ___ YES. If yes, how many times per year? _____ When was the last ear infection? _____
- Has your child ever had ear tubes to treat the ear infections?
  ___ NO ___ YES. If yes, when? _____
- Does your child have a documented hearing loss? ___ NO ___ YES. If yes, explain the type of loss to the best of your knowledge._____

  _____

- Is there a family history of hearing loss? ___ NO ___ YES. If yes, list who and any details that you know:_____

  _____

- Have any immediate family members been diagnosed with an Auditory Processing disorder?
  ___ NO ___ YES. If yes, list who and any details that you know. _____

  _____

- Did your child reach developmental milestones on schedule? ___ NO ___ YES. If no, please explain._____

  _____

- Please list all childhood diseases.

  _____

  _____

- Please list all medications your child is currently prescribed.

  _____

  _____

CENTER for AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY
EAST TENNESSEE STATE UNIVERSITY

1000 Jason Witten Way
Room 103
Elizabethton, TN 37643
P 423-439-5070
F 423-439-5080

156 S. Dossett Drive
PO Box 70643
Johnson City, TN 37614
P 423-439-4355
F 423-439-4607

- Does the child fall or lose balance easily?

  _____

- Does the child prefer to use the right or left hand?

  _____

- The child has Good Fair Poor motor coordination.

EDUCATION HISTORY:

- Attends school at: _____
- Grade Level: _____
- School Performance is:

  ____ Excellent ____ Above average ____ Average ____ Below average ____ Poor

- Has your child ever repeated a grade? ___ NO ___ YES. If yes, which grade and why?

  _____

- Does your child receive special assistance in school (i.e. remedial reading, resource room, speech therapy, IEP plan, etc.)? ___ NO ___ YES. If Yes, please explain.

  _____

  _____

- Is your child better at some subjects than others? ___ NO ___YES.
  a. If yes, please list the stronger _____
  b. Weaker_____
- Is your child taking any music and/or foreign language lessons ___ NO ___ YES
  a. If yes, please list _____
- Does your child have difficulty with: Phonics ___ NO ___ YES
  Spelling ___ NO ___ YES
  Reading Mechanics ___ NO ___ YES
  Reading Comprehension ___ NO ___ YES
- Do you think your child has a language problem (i.e. understanding language, using appropriate language, etc.)? ___ NO ___ YES. If yes, please explain.

  _____

  _____

CENTER for AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY
EAST TENNESSEE STATE UNIVERSITY

1000 Jason Witten Way
Room 103
Elizabethton, TN 37643
P 423-439-5070
F 423-439-5080

156 S. Dossett Drive
PO Box 70643
Johnson City, TN 37614
P 423-439-4355
F 423-439-4607

- How would you rate your child's vocabulary?

  ____ Excellent ____ Above average ____ Average ____ Below average ____ Poor

AUDITORY PROCESSING DEFICITS/SYMPTOMS:

- What behaviors or symptoms make you suspect that your child may have an auditory processing disorder?

  _____

  _____

  _____

- Please answer the following:

  Does your child demonstrate difficulty hearing? ___ NO ___ YES

  Does your child say "huh" or "what" frequently? ___ NO ___ YES

  Can your child remember multiple-step directions ___ NO ___ YES

  Do you often repeat instructions? ___ NO ___ YES

  Does your child often forget what is said? ___ NO ___ YES

  Does your child often misunderstand what is said? ___ NO ___ YES

  Does your child confuse similar words or sounds? ___ NO ___ YES

  Is your child easily distracted by background noise? ___ NO ___ YES

  Does your child often show frustration/lack of motivation? ___ NO ___ YES

  Would you consider your child hyperactive? ___ NO ___ YES

  Does your child have a short attention span? ___ NO ___ YES

- Does your child have any behavior problems at home or in the classroom?

  ___ NO ___ YES. If yes, please explain._____

  _____

- Has your child been diagnosed with an attention deficit disorder? ___ NO ___ YES

  If yes, explain when. _____.

  Has any medication been prescribed for this problem? ___ NO ___ YES.

  If yes, what is the medication & Dosage? _____

  Results of taking the medication? _____

CENTER *for* AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY
EAST TENNESSEE STATE UNIVERSITY

1000 Jason Witten Way
Room 103
Elizabethton, TN 37643
P 423-439-5070
F 423-439-5080

156 S. Dossett Drive
PO Box 70643
Johnson City, TN 37614
P 423-439-4355
F 423-439-4607

- Is there any additional information you think would be beneficial for us to know?

_____

Please list all people, agencies or clinics you have consulted about *your* child's problem. Include such persons as pediatricians, psychiatrists, psychologists, neurologists, otologists, audiologists, speech-language pathologists, social workers, etc.

Date	Name & Telephone Number	What You Were Told

Please bring copies of recent audiological evaluation reports, SLP reports, psychological/education evaluation reports and/or school IEP plans for your upcoming appointment

Name of Person Completing this Form: _____

Relationship to Patient: _____

Date: _____